THE JOURNAL

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XXVII MAY, 1928 No. 5

CONTENTS

WHY A MEDICAL HISTORY?*

C. B. BURR, M. D.

FLINT, MICHIGAN

There are three distinct aspects to the study of history, and the appeal of either is largely determined by individual, temperamental, viewpoints and reactions.

The first is featured by Henry Adams who is led to the definite conclusion that research reveals its essentially unmoral character and that habits of thinking, acting, and emotional response have not followed lines correctly regarded those of betterment or evolutional progress to higher ideals.

The second is that of the so-called optimist who prefers to believe that the age in which he lives is better than any of those gone before. He points to hospitals and sanitation, to eleemosynary institutions and education, to Red Cross activities and concern for one's neighbor, to various charitable foundations, and the larger opportunities to achieve cultural aims and comfortable living through more equitable distribution of wealth and increase in the wage scale. He glows with satisfaction as these advantages are enumerated and his attitude often indicates that *au fond* he believes the world could hardly escape being better in view of his presence therein.

The third is the middle of the road view that conditions are neither better materially, nor worse essentially, than heretofore throughout recorded history; that even near-consistency has never been displayed in human conduct; that abiding by the golden rule is expedient but in practice a failure because of the almost universal greed for power, place and the possession of great wealth. The contention is voiced, for example, that our much beloved Red Cross than which no organization, Chris-

* Read before the Wayne County Medical Society, Detroit, April 17, 1928.

tian or pagan, lay or clerical, ever conceived, has been as important and useful, could scarcely have been established save with the co-operation of military leaders who found wounded and writhing men inconvenient in their onward march, and that stumbling over them in furtherance of dynastic or personal ambition left gory traces on polished boots. Skeptics will claim that our Christian civilization is such only in name and that there is no follower of the Master who, smitten, turns the other cheek, or who offers voluntarily to the hold-up man "his cloak also."

Whatever the "truth" if there is any such animal in captivity, may be however, this audience, at least, will be of one mind that in the adjustment of individuals to their environment, in habit-formation of decent conduct and cultivating that which is of good report—in temporarily relieving the troubles of life and ironing out the rough spots thereof, the doctor bulks large; and whether or not it be the case that his works "do follow after him" he is, as an almost invariable rule, a blessing to the community in which he lives during the progress of "life's fitful fever."

It is inexpedient to accord unequivocally with Henry Adams or to ingest his outgivings, hook, line, and sinker but the systematic study of history gives one pause and is a good prescription for that "Adult Infantilism" of which Dr. Joseph Collins feelingly complains. Nothing betrays so indubitably the essential futility of much of man's planning, or indicates with the same apparent conclusiveness that so-called "progress" is frequently a name for something non-existent except in the heads of realtors and go-getters.

It is noteworthy that at the recent lecture of Will Durant in Detroit, effort was persistently made to induce him to pass upon the question whether progress had gone hand in hand with evolution but that he dodged replying directly. As a matter of fact, nobody knows in what progress consists—the word like many another in current use is undefinable. If it means anything at all, it should carry the implication of betterment, of additional comfort, of larger opportunity for development on the cultural as well as material side, of greater tolerance, of more definite expression of good will, of wider distribution of that which makes life more desirable, of added longevity with preservation of bodily and mental integrity, all of these of permanent character and accompanied less and less by disadvantages, perils and inconveniences offsetting alleged values.

Does history indicate that it fulfils these requirements?

People are massed together in "industrial" centers under the notion that "bigger" means "greater". Population larger than that of nearby cities is the desideratum, this wholly without reference to quality; numbers only are considered and a bulging directory is the standard. For these masses of mankind, provision of food, of fuel, of water is necessary and to this end quick transportation and "harnessing the forces of nature." Quick transportation involves danger to life and the lure of speed develops a psychology, selfish, inconsiderate and undesirable. When it comes to harnessing the forces of nature, what a mess is made of it.

Take Southern California for a pitiful and tragic example. This was once an artistic, an agricultural, horticultural and fruit cultural paradise. Ranches here and there were devoted to the latter ends. Water supply was from the mountain streams and ranches were located thereon. For more distant desert localities simple systems of irrigation were adequate. Came then the booster and Los Angeles was spread over the entire surrounding country, everything adjoining absorbed. Orange groves and olive orchards were destroyed to furnish building room for a miscellany of men. Establishment of varied industries and resulting independence was the boasted goal and to this end water supply was the first requisite. Power was necessary for industrial and gone-and-gotten purposes. Electricity was generated to furnish this, to illuminate immense foolish advertising signs, and to accommodate movie enterprises. The High Sierras were invaded, water in the valleys which provided the ranchman opportunity for cattle grazing and agricultural pursuits was diverted to the use of the city population. Enormous dams and reservoirs were built to facilitate its distribution and then what was due to arrive, arrived.

Forests were ruthlessly destroyed to furnish timbers for building. It is no less than ghastly the amount of material consumed in filming foolish pictures, not a stick of which was ever used more than once. Oil derricks containing machinery to pump and furnish fuel for motor cars to run over the highways and exterminate pedestrians sprang up from Riverside to San Diego and when the oil was exhausted or mayhap undiscovered in the earth's ab-

domen, these remained permanently an obnoxious feature of the landscape. Not content with building in the valleys, beautiful foothills and mountains were razed for palaces of *nouveaux riches* movietors and oilytors and the wonderful scenic values which attracted the artist and lover of the beautiful were sacrificed. Mules and scrapers and "realtors" flags were substituted for the restful vision of alfalfa fields and Pomona's choicest products.

So much for "development." Enter the air-plane. There was universal satisfaction in the final accomplishment of an ambition existing since the beginnings of time, but the essential value has been vastly more in the achieving than in the achievement. It points 'tis said, to man's mastery (illusory word) over the forces of nature. It opens to the adventurous and the favored of Fate having the requisite skill, opportunities for looking upon and mapping unexplored regions of the earth but because of its fascination the bodies of many admirable persons have furnished food for sharks, war is made more ghastly and gory, and numerous brave spirits have gone to their eternal rest while their "mourners go about the streets." Does the unquestionable usefulness of this in times of famine and flood compensate for the perils incident to its employment? This is at least open to doubt.

I notice, for example, that it was the dog-team of Dr. Deadman that recently brought supplies and medicine from Sault Ste. Marie to Detour in advance of the air-plane. And how interesting it is that there's always a doctor mixed up in such an undertaking! Personally, at three score and ten plus, I expect to live just long enough to be dodging slops and perhaps missiles thrown out by the anti-social aviator, with the same alertness now exercised to avoid being spattered at the curb or dismembered at the street corner by the moron yclept "Motorist".

Do these inventions mark progress and does jazz through being "different" offer anything for the improvement of musical taste? Does the blat of the barker who figures so largely in radio provide entertainment properly so-called? Or for that matter, does the average movie production? "Adult infantilism" in my opinion can alone account for response to puerile stirrings of the emotions such as these create. Though averse to "slogans", I'm moved to suggest one to the present generation. "Speed and speculation. Noise and nonsense."

There is a certain relief from these horrors in digging into history which shows that similar afflictions have prevailed in the past and that the world has gone 'round and 'round, suffering and enduring. And history further indicates that in amelioration (which is all that is ever accomplished) of the evils of life, the doctor has from the beginnings of time done more than his part.

The accomplishments of the pioneer would have been but for the doctor, impossible. Courage and confidence have been his watchwords. Fearlessness he had—not happily the sort that denies the existence of ground for this emotion but bravery to combat fearsome things and to keep his fellow mortals out of danger. In all the activities of life that make for well-being if not for progress, he has been in the vanguard and the world is deeply his debtor. In times of pestilence and flood and famine, he has sacrificed health and energy to their relief. In war, his and the allied arts of nursing and dentistry have been the only ones exclusively devoted to the conservation of human life.

The research into history for the purpose of assembling scattered parts into a coherent whole is full of thrills. Nothing is more intriguing than to find a fact over here to link up with a fact over there, particularly if the fact over here is come upon unexpectedly or accidentally. Then, how provokingly interesting to look for the record of the fact encountered over there and be unable to find it for the moment because inexperienced in the art of indexing. And when found, what satisfaction in uniting them in the bond of prose composition. Verily, that is compensation for the expenditure of time and the incidence of trouble. Try it. Embrace the opportunity given here and now to help out with the embryological medical history which my confreres and myself are gestating.

Why a history of anything if in its essential particulars it will be but a replica of something gone before? it may be asked. There would in fact be *no justification* for it except preserving the record of the lives of individuals who made it. So long ago as 1881, the venerable and accomplished Dr. O. C. Comstock, Jr., wrote to the State Medical Society:

"A thoroughly educated and virtuous doctor is the highest type of man. He stands between 'the living and the dead'. His wasting mental and physical labor

goes without appreciation and often without reward. Nevertheless, he has an undoubted right to live in history, for his own sake, and the sake of the good cause with which his life has been crowned."

The eminent and eloquent Dr. Foster Pratt who apparently feared that an undertaking of the kind might result in a compilation of "obituary notices and biographies" remarked that "certain practical questions arise here that require more deliberation than we can give them at present," and inquired "after we get all the obituaries what are we going to do with them? This I repeat, is a serious question and should receive mature consideration."

The fear Dr. Pratt expressed and that of others similarly minded, the planners of the Medical History hope to allay by the announcement that such a work should concern itself only in a casual manner with the purely statistical and that the necrological is already well preserved in resolutions of medical and civic organizations published in connection with the Pioneer and Historical Collections, the Transactions of Societies and Medical Journals, all accessible to those having the courage to investigate. "Birth" and "education" and "location" and "death" are episodes merely. A history of medicine should so far as possible embalm the acts and activities, the lives, the ambitions, the failures and successes of those who made it, but, regrettably, can at best record but an infinitesimally small fraction in the sum total of good which the members of the profession have contributed to the health, the wealth, and well-being of any community. Prayerfully we may hope that their benefactions will "live after them" and not be "interred with their bones." Of evil few, very few blots appear upon the pages which reveal their sacrifices, their devotion and their integrity.

How far short the committee may fall in accomplishing the end in view remains to be seen but it has taken as its ideal the modest declaration of Dr. M. L. Leach who published in Michigan Pioneer and Historical Collections an interesting history of Grand Traverse County. He says:

"That the work is imperfect cannot be denied; that it contains inaccuracies of minor importance is highly probable. Should it ever attain the honor of being published in book form, the author will be glad to avail himself of all possible aids in correcting in that edition the faults in this. To this end friendly criticism and communication of further interesting facts are cordially invited."

"There is a particularly striking appeal," writes Dr. M. G. Seelig in "Medicine —An Historical Outline"—"in the solace that medical history holds in her lap for the medical man. No consuming ambition unattained, no scientific yearning, no tragic failure, no brilliant achievement may fall to his lot unaccompanied by the steadying thought that to greater or less degree, sometime in the past, some other physician has experienced similar emotions. When the wreath is withered and the cross too heavy there is a grain of comfort in knowing, for example, that even Aesculapius, the Greek god of medicine, after he had restored Hippolytus to life, instead of a reward, incurred destruction by fire at the hands of Zeus because his professional skill excited the wrath of the jealous deity."

What are the activities—certain of them extra-professional mentioned as desirable to preserve on the printed page? They pertain to every field of human endeavor —educational, civic, political, judicial, dramatic, artistic, literary, industrial, military. Dr. Pratt, to whom reference is above made, was a convincing and eloquent speaker. His presidential address in 1878 to the Michigan State Medical Society which it is hoped to republish in full in the history is a veritable medical classic. With Doctors Jerome of Saginaw, Ranney of Lansing, Topping of Dewitt, Bartholomew of Lansing, James A. Brown of Detroit, he led the anti-administration forces in the University-homeopathic imbroglio of the Victorian Era. Doctors Maclean and Frothingham on the other side were mail-clad warriors who never acknowledged defeat, and who, for that matter, in this, the greatest trial of their professional lives, were not defeated. Dr. Wm. Brodie, who some of you older ones remember, took up arms with the Ann Arbor men in this battle of the giants. Why he forsook the companionship of the Detroit contingent, whose warfare upon the University Medical Department was carried on without quarter, I never knew, but suspect it was because apparently an under-dog was getting the worst of it. He once told me that he didn't give a damn whether he fought with the majority or the minority so long as he had a fight. Those were piping days of discord and the recollection of acquaintance with all the principal participants therein is no little compensation to a septuagenarian who discovers nothing in

present-day medical politics comparable with it in juiciness and vigor.

The old time physician was frequently a judicial officer in his neighborhood and it is related of Dr. Witherell of Detroit, appointed with Governor Hull and Judge Woodward as territorial judge, that he had among other noticeable anatomical features a "resolute mouth", that he was "a public spirited citizen, an honest man and a good jurist". He had a "firm, decided mind", was not a profound lawyer but he had "clear common sense and an inflexible will". His "stern outspoken protest, 'I do not see the force of that decision, there appears no sense in it' " was frequently heard from the bench. I can envision him sneering at legal quibblings.

There were numerous others, among them Dr. Wm. Thompson, the one, no doubt, mentioned disparagingly in the Porter letters published by Dr. Corbus. Of him, Judge Baldwin, whom I knew well, has written, "After his appointment as chief justice, he practiced his profession while performing his official duties. * * * After his retirement from the judgeship he continued his medical practice for some time and then retired to a farm near Pontiac where he died honored and respected."

Reconcilement of these views is impossible, unless there were two of the same name—"too much Thompson" for one pioneer locality.

There was Dr. Sprague of Coldwater, sometime county associate judge, and Judge of Probate, and Dr. William Gage, who built the first house in Holly and was in 1838 a justice of the peace; and Dr. Timothy Eastman, after whom Eastmanville is named, elected judge in Ottawa County, and Dr. Joseph Bagg of Detroit, who, in a quasi-legal capacity as Councilman, caused the erring Peggy Welch to be turned, bag and baggage, (in the double sense) into the street.

The profession has had its dramatic artists like Dr. Rush Shank of Lansing, who, in the staging of the post-civil war "Union Spy" was assigned the part of "Captain Albert". With his cohorts at a critical moment he battered his way into Andersonville and there discovered his drummer-boy brother, Willie, among the emaciated and dying in the "loathsome prison pen". The gaunt and spectral wrecks cry "bread, bread", comrades enjoin Captain Albert "Cheer up, Albert, little Willie is dead"; the Captain exclaims, "Oh my God, this is horrible". And it came out in the gush thus: "Cheer up Albert. Little Willie is dead. Oh my God this is horrible bread, bread". There wasn't a dry eye in the house and in the intermission Mat Daniels' saloon was convenient for the relief of other forms of aridity.

The Anti-slavery propaganda in Michigan was sponsored by doctors, among them Thomas of Kalamazoo County; Comstock and Atlee and Thayer of Calhoun, and "Charley Cowles, a young man studying medicine with Doctors Cox and Campbell". Dr. Arthur Livermore Porter and Dr. Ebenezer Hurd and his partner, Dr. Cowles of Detroit, were dependable propagandists, and Dr. Kedzie, then of Vermontville, writes, "Fears and sleep and earthly cares had little hold on us till wife and I in tears and choking sobs read that wonderful book ('Uncle Tom's Cabin'). Dr. H. C. Fairbank of Genesee County who, on a trip to the South in 1856, had observed the inadequate punishment meted out to the murderer of a falsely accused 'runaway slave' remarked that 'no comments are necessary.' "

In educational matters, physicians have always been at the very head and front. Of Dr. Tucker it is recorded that "Coldwater owes more to Dr. Tucker for the present proud position her schools occupy than to any other man."

Dr. Zina Pitcher, whose relation to the University as member of the first Board of Regents is well known, was distinguished as physician, soldier, natural scientist and journalist. Dr. D. O. Farrand was prominently identified with the public school system of Detroit as was Dr. Herman Kiefer who was later member of the Board of Regents of the University. Dr. Chas. Rynd of Adrian was a member of that body as were Doctors Patterson and Upjohn.

It would be quite supererogatory to dilate upon the labors of Dr. Douglass Houghton, who could fill a tooth with dexterity and was facile in chemistry—a teacher of the latter branch of science at the age of nineteen—pioneer Michigan physician who gave valiant service in the cholera epidemics of '32 and '34, and brilliant geologist. In the latter capacity he mapped and accurately described the mining region of Michigan and laid the foundation for its later development. He was drowned in Lake Superior while engaged in geological survey. Though still young at the time of this tragic accident, he had achieved results—the abundant allotment of a long life.

The Michigan profession has had rhymesters in its ranks, one of the most prolific of whom was the late Dr. E. B. Ward of Laingsburg.

The household of the beloved and devoted Dr. David Inglis were all musical. He manipulated the cello in the home quartette.

It may be a source of surprise to those of the present generation where modesty and self-effacement are distinguishing characteristics of the physician and more particularly the surgeon, to learn that these attributes were by no means invariably present and conspicuously outstanding in an earlier day.

Of one it is said that he was "a man of positive conviction, a relative of the late Secretary Stanton, and partook largely of Mr. Stanton's will to never yield a position after he was satisfied he was right"; of another that he "was a man of strong will power but always willing to listen to the teachings of others and if their views harmonized with his own, he adopted them; if they didn't, he acted on his own conviction of right." It must be admitted that this is a thoroughly logical position for one of pronounced perspicacity, prescience and unwavering self-confidence. Confidentially, I am of opinion that such an attitude is preferred by the patient to any exhibition of hesitation or dubiety.

Dr. Wm. Brodie, while not an orator in the accepted sense of the word, was a sincere and somewhat caustic speaker. He differentiated correctly between horticultural implements and gave to each its homely name. His antipathies were strong and his affections dependable. Those whom he liked could go as far as they pleased in his hospitable house. I recall once upon a time Dr. Frank Brown ordering him out of the dining room when a prenuptial party given in Brown's honor, was moving forward with considerable speed. Dr. Brodie had ventured into the reserved precincts for the purpose of obtaining scrivener's inspiration from a corner cupboard. "You are not wanted here," Brown declared. "This party is for young people and you are *persona non grata*. Go back to your presidential address and leave us in peace." Dr. Brodie chuckled, took a nip, and departed.

The winning, impulsive, affectionate and much-lamented Tracy Southworth was one of his favorites and studied in Dr. Brodie's office.

Dr. James A. Brown was adroit and clever but dabbled in medical politics purely as a recreation, not with the end of personal preferment. His was a charming personality and he welcomed friends of his son, Frank. They could do no wrong in his estimation. Torn with pain and infirm from extensive caries of the vertebrae, in the latter months of his life, he never lost consideration for others or yielded to irritability. From his wheelchair he called out as Frank and I were leaving the room, "Where are you going, boys?" Nowhere in particular," was the reply. Whereupon, "I hear they have a brand new bar at the Russell House."

On the occasion of my last visit, he said as he took my hand, "I shall never see you again, boy." His sweet soul took flight a day or two later.

He and Dr. Jas. F. Noyes were for years great pals. Noyes was a quaint character and there was a peculiarity in his speech that contributed to its effectiveness. At one time, Dr. Munson, who had an office in the same building—a waiting room in common—heard a colloquy something like this between Noyes and three women who had called for consultation:

To the first. "What's your name?" "Mrs. Brown."

"How many children have you?" "None."

"What's your husband's business?" "He's a carpenter."

To No. 2. "What's your name?" "Mrs. Jones."

"How many children have you?" "Two."

"What's your husband's business?" "Painter."

To No. 3: "What's your name?" "Smith."

"How long have you been married?" "Fourteen years."

"How many children have you?" With a smirk, "Seven, Doctor."

"What's your husband's business?" "He isn't doing anything at present."

"Huh—I thought so."

Then there were the versatile Dr. Connor, veteran journalist, organizer, accomplished ophthalmologist; and Carstens, the snappy and useful gynecologist who in moments of recreation in an exacting and busy life, was accustomed to quote Bismarck's assurance as to the innocuousness of "Wein auf Bier"; the alert and energetic E. L. Shurly; the pioneer in Gynecology, E. W. Jenks; the polished and courteous Flintermann, and D. O. Farrand, whose practice was appallingly large, and under whose patronage and instruction a generation of doctors came forth, all of

whom, with no exception that I can recall, were a credit to the profession. His death was the occasion of city-wide mourning.

Dr. George E. Frothingham had a national reputation as ophthalmologist. He built up an enormous clinic at the University and was highly popular with the student body. He was a persuasive speaker, like the physiologist, John C. Dalton.

And what an impressive lecturer was Ford! One cannot forget his "probe through it" (a foramen).

Then there were Douglas and Prescott, of whom their distinguished disciple, Victor C. Vaughan, writes so feelingly in "Memories" which, by the way, is one of the most delightful bits of literature with which I am acquainted.

To the Senior Dr. T. A. McGraw, I am indebted for the arm with which the fingers now wielding a pencil is connected. He was a wonderful surgeon and teacher and among the most scholarly men I've ever known.

Dr. Donald Maclean was fascinating, accomplished, thoroughly human, and his presence was a ray of sunshine in any sickroom. In recognition of his ministrations to one of my family I once sent him a modest check. It was promptly cancelled and returned with a note reading thus:

"Dear Doctor: When you're as well-to-do as I hope you sometime may be, if then I'm as poor as I expect to be, I will accept this check, but not before."

Dr. E. P. Christian of Wyandotte was a noted obstetrician and highly influential in the State Medical Society. He was learned, thoughtful, prompt and painstaking, and never spared himself in working out the problems presented to him in frequent committee assignments.

And of my own generation. Shades of the past, how their forms haunt me as I write. Longyear, my friend from boyhood, whose office I used and whose home was mine. With him I've tramped through the woods and fished, and played dominoes and bridge. In medical and surgical emergencies he has been a tower of strength to me and mine. With the meticulous but adaptable Manton, I've journeyed thousands of miles by rail, boat, on foot, horseback, in every conceivable conveyance except the airplane. His door was always ajar for me and I'm in his debt more than it is possible to express for medical and surgical ministrations to my family.

There was Ben Brodie, a veritable joy to the world, than whom I dare say no one of his generation had a wider or heartier or more appreciative acquaintance; also the winning, witty, wise Wadsworth Warren, who, on making up a bed for Longyear and me on Jennings' launch, assured us we would find ourselves perfectly comfortable, the deck being coated with *elastic* varnish. Like Longyear and Manton and all good surgeons I have known, he could use his hands effectively. He was an accomplished yachtsman and could repair anything from a motor mechanism to a grand piano. He could *stage* anything from a problem play to an outdoor fete, and was full of dramatic feeling.

Frank Brown expressed himself in rhyme from time to time. His style varied between the Omar Khayamesque and the banal. Came to me one day from the top row in the amphitheatre of old P. & S., 23rd street and 4th avenue, a communication reading as follows:

"Oh, could I live down on the dock
Where Lewitt and Burr reside,
Where cabbage stink is the principal stock
And where bummers and thieves lie side by side—
Where the bold cop on his beat ne'er snores,
Watching for vagrants and brazen ——
Oh! Could I live—but I'll humiliate them no further!"

Brown lived on West 36th street—a fashionable locality at that time, and affected to look down on the modest quarters of Lewitt and myself on 9th street, which he denominated "the dock".

The high esteem in which F. W. Mann, Shakespearian scholar, competent critic of the drama and opera, journalist, chess expert, versifier and mystic philosopher, was held, the devotion of a close circle of friends attests.

Dr. C. W. Hitchcock, before entering upon the study of medicine, a school superintendent of recognized ability, was the son of a distinguished surgeon, Dr. H. O. Hitchcock of Kalamazoo. He served on the staff of that incomparable psychiatrist and executive, Dr. Henry M. Hurd of Pontiac, later superintendent of John Hopkins Hospital. Eventually, he located in Detroit, where he taught neurology in the Detroit College of Medicine.

The erudite Emerson was for years an assistant with Hurd and Dr. Geo. C. Palmer, under Dr. Van Deusen of the Kalamazoo State Hospital. He later specialized in psychiatry in Detroit. Dr. Palmer, who succeeded Dr. Van Deusen, and who was the first Medical Director of Oak Grove, had a charming personality; and his mellow voiced successor, Dr. Wm.

M. Edwards, was one of the few amiable souls who could call me in the morning without exciting irritability.

Dr. W. J. Herdman, the founder of the State Psychopathic Hospital, Ann Arbor, was a forceful speaker and convincing teacher, first of anatomy, then of neurology. His last hours were no less than heroic. Knowing he had carcinoma of the bowels, he made his way to Johns Hopkins, accompanied by Dr. Bradley of Eaton Rapids, his only confidant. No member of his family knew of the malignant condition. He died following an operation on which he insisted.

I could run on indefinitely, but must close. Names such as these, and qualities and characteristics such as these in one's confreres and professional forebears make life worth its price. Perpetuating them is the principal *raison d'etre* for a medical history.

MUSIC IN MEDICINE

B. H. LARSSON, M. D.
DETROIT, MICHIGAN

That music has played a part in medicine is quite well known and there is no doubt that it will be of still greater value as its application becomes better known.

At present we are living in a period of exact science when everything brought out as new must be checked by measuring, weighing and analyzing before it can finally hope to gain recognition. When we consider how, at the best, we possess only a relative knowledge of anything, no matter how simple, the truth of the value of music does not cease to exist on account of our limited perception of it. It is well known that the aesthetic emotions exercise a most powerful influence over the human organism, be it color, form or tone. Since music is the aesthetic entity with which we are particularly concerned at this time, it may be well to present a few concrete examples to illustrate the principle involved.

Looking back to the dawn of history we recall the biblical account of King Saul and his tempers which at the time were attributed to evil spirits. Through servants he learned of a cunning harp player, who, if brought to him would be able to dispel these spirits by his music. Accordingly, as the story goes, young David was sent for, and when the evil spirits came upon King Saul, David took his harp and played and "Saul was refreshed and well and the evil spirits departed from him."

The Greeks are known to have had "confidence in music as having a therapeutic virtue." Democritus said, "that in many diseases the sounds of the flute have been a sovereign remedy." Aulus Agellus of the same period stated: "It is a belief widely scattered that a man afflicted with an attack of sciatica feels the intensity of his illness sensibly diminished if anyone playing close to him elicits soft and melodious sounds from a flute." Anyone who has had that most painful affliction can appreciate this.

During the middle ages epidemics of dancing mania, which assumed great and dangerous proportions occurred in many European countries. In Germany this disease became known as St. Vitus dance; in Italy as Tarantate. The afflicted people gathered at public places and on the streets, where they carried on their twitching and grotesque dancing movements with increasing intensity until they finally dropped in a heap from complete exhaustion. The disease proved disastrous to a great number of people. Through some source, the governments of the countries afflicted learned that music was a specific remedy in these epidemics and actually hired musicians to play before the populace in order to dispel the attacks.

MUSIC IN ST. VITUS DANCE

According to the historian, Hecker, the effect of music as a healing agent in this disease was complete and uniform. He also made the remarkable observation that false notes could not be endured by those afflicted.

To this period, then, dates the style of music known as tarentella. This had several tempos; the Panna Rosso, lively, impassioned music, the Panna Verde, a less exciting form; and the Spallata, which was the slowest movement, the playing of this form of music supposedly controlled the outbreaks of the disease (tarantate) in Italy.

Apollo was the father of both Aesculapius and the Muses. On this ground it may be claimed that medicine and music are sister arts. But it is no mere poetic fancy that music is related to medicine, for in modern times a great deal has been written on the therapeutic effects of music in the world's leading medical journals. Actual research has been conducted both clin-

* This paper, essentially in its present form was read before The Bohemians, a Detroit Society of Professional Musicians, at their January meeting, 1928. It is submitted to the medical profession for whatever value it may possess.

ically and in laboratories in order to establish its therapeutic value.

As early as 1878 at the Randall's Island Asylum, New York City, an important experiment was conducted on the mentally ill. Fourteen hundred female patients were congregated in the large entertainment hall of the institution and subjected to a strain of piano music for a half hour, when the general effects were noted. Taken as a whole, the results of the experiments were beneficial and by frequent repetitions many of the patients showed great improvement. They were all *susceptible to rhythm, while melody without any decided tempo was without effect excepting when the force of association was still active.*

In 1892 Dr. Hunter, at the Helensburg Hospital in England, placed a piano in one of the wards. Several ladies volunteered their talents and a number of patients were submitted to the influence of vocal and instrumental music of a character calculated to relieve their sufferings. The report by Dr. Hunter states: *"The cessation or at least diminution of pain has been very marked in some cases, seven out of ten noted cases were benefited by reduction of temperatures."*

INFLUENCE ON INSOMNIA

A Russian physician, Dr. Beschinsky, during the year 1896, reported the successful treatment of a three-year-old boy who suffered from insomnia due to night terrors. The musical therapy was undertaken after all other known methods had been tried in vain. The child's mother was advised to play one of Chopin's waltzes. The effect was immediate and satisfactory. After four nights of this treatment it was interrupted, and the child's condition became more aggravated than it had been previously. The waltz was again played, first nightly, then every second, and later every third night; the cure was then complete and permanent.

Fournier-Pescay, French physician, treated his own son, who suffered from constant pain and insomnia, by means of the flute, with satisfactory results.

These are only a few of the many clinical reports available.

Dogiel made a series of experiments on men and animals in order to test the influence which music exercises over them in their normal state. He arrived at the following conclusions:

1. Music exhibits an influence on the circulation of the blood both in men and in animals.
2. The blood pressure sometimes rises and sometimes falls.
3. The action of musical tones usually causes increased frequency of the heart contractions.
4. The respiratory rate usually coincides with the circulatory changes, though they have been observed to change independently as well.
5. The variations in the blood pressure are dependent on the pitch and loudness of the sound and on the tone color.

These results are practically all borne out by experiments conducted at the University of Kansas and published in the American Journal of Physiology. We feel that this may represent opinions, but at the same time consider it as valuable reports.

Immediately following the world war, when our hospitals and those of our allies were filled with mentally and physically wrecked young men, it became generally known that games and sports were good convalescent treatment. However, music had the outstanding beneficial effect for soothing and cheering the wounded and shell shocked.

The universal love of music affords endless possibilities in the way of objective recreational work. It is best, however, not to allow disabled men to indulge in it merely as a recreation, but to divert their interest toward an objective, for too much recreation, which is simply of the time killing variety, is a dangerous thing even for convalescing heroes.

MUSIC IN RECREATIONAL PROGRAMS

Music, therefore, has come to be recognized as a distinct factor in any well organized recreational program. It frequently is the spark which kindles those higher impulses in men, which sympathetically fostered, develop into big, noble qualities.

No matter what the degree of a man's incapacity, he can enjoy music and derive benefit from it. In cases of nervous disorders brought about through horrors witnessed or from shell shock, it is frequently *the one medium* through which he can be reached.

Those of us who saw actual warfare will never forget the scenes in the little Red Cross huts by the railway stations and about the big hospital centers and camps in France. Who could doubt the effects of music when, for instance, some talented doughboy would sit down and play on the old rattling piano, "There Are Smiles That

Make Me Happy," or "There's a Long, Long Trail," or "Tipperary", and witness the tired, homesick boys become seemingly electrified, instantly join in the choruses, singing with a vim that was admirable, giving everybody present a new lease on life.

The world war furnished a lot of opportunities for observations even more valuable than those just related. For instance, *the extraordinary influence of the mind on the body in cases of contemplative fear, resulting in so-called conversion hysteria manifested by various paralysis, mutism, blindness or deafness.* It was found in cases of severe shell shock followed by complete amnesia that music was the first means of bringing back recollections to these victims while still unable to remember experiences connected with their daily avocations and home surroundings. Others who had become mute from the same causes regained their speech at concerts by joining in the chorus of some well known song. People who stammer or stutter are able to sing a song without their diction showing such defect.

Of all the arts, music appeals most to the emotions. From an evolutionary standpoint, inarticulate sounds of varying pitch are much older than articulate speech. This is proven by the fact that sounds are initiated in both halves of the brain, while articulate language in right-handed persons can only be initiated in the left half of the brain which controls the voluntary movements of the right half of the body. To illustrate this point there is a record of a soldier who suffered a bullet wound in the head, damaging motor speech centre, destroying right eye and left optic nerve, causing total blindness. The man was very cheerful, comprehending all that was said to him, but only able to say "oot" for no and "ah" for yes. Curiously enough, he was able to sing several songs without difficulty, provided the *first word or bar of music was given.* Thus, his physician would stand beside him humming " 'Tis a Long Long Way" when the patient immediately started the well known chorus to "Tipperary", winding up with *"Are We Down Hearted? No."* When the physician finally told him: "Say 'Tipperary', Tom, he replied "oot", and was unable to utter any of the words. It must be concluded that the song *had been repeated so many times as to have become organized in both halves of the brain or in subcortical lower centres. A month later this man was able to walk and speak.*

It was stated that music, of all the arts, appeals most to the emotions. It arouses in us various emotions but, according to Darwin, not the terrible ones of horror, terror or rage. We can see the importance of song in the treatment of battle-worn soldiers. These songs awaken the opposite emotions, such as love, mirth, courage and a *"joie de vivre."*

RYTHMIC MOVEMENTS

Again, music tends to excite the rhythmic movements of dancing or marching according to the character of the rhythm. It is an established fact that a band helps greatly in the attack or retreat of a regiment, and songs of soldiers on the march tend to relieve the mind of anxiety and bannish the sense of fatigue.

How, then, can the phenomena of cause and effect be satisfactorily explained as regards to music? Our actual knowledge of the physiologic effect of music is on the whole very vague, nevertheless, several attempts have been made by American and European physicians who have devoted much time and labor to the subject. Let me quote from a few of these: *"Pain is a special condition of the sensorium felt as distress and is due to a special stimulation of central or peripheral origin."*

"Music is likewise a special stimulation which, travelling from the periphery by other routes reaches the sensorium and there gives rise to a sensation felt as pleasure. In the sensorium these two sensations have to struggle for existence as they cannot exist simultaneously, and whichever of the two adapts itself more comfortably to the then governing conditions of that central organ will gain the day. When the victorious sensation is that of pleasure, pain will cease to exist. However, as the conditions of the sensorium are not exactly identical in any two cases, music will sometimes be powerless to dislodge pain from its stronghold.

In cases of insomnia this condition may be kept up by a continued stimulation of the sensorium, but music producing a counter stimulation of the same organ, neutralizes the former and thus allows sleep to reassert itself.

It appears, then, that the *human organism participates in that tendency to vibrate synchronously with music which is known to obtain in the inanimate world.*

There are cases of psychological exaltation which correspond to the high notes of the musical scale as there are states of depression whose pitch is found in the lower

notes of the same. Further, we know that sounds, more or less melodious, are produced during the season of courtship by many insects as spiders, fishes, amphibians and birds.

CANNOT BE EXPLAINED

Darwin, who never rested until he could explain a thing, if it were explainable, could no more explain why musical tones in a certain order and rhythm afford pleasure than we can account for the pleasantness of certain odors, colors and tastes.

The healthful influence of music physically is by the transmission of its influence from the *cerebrum through the sympathetic system which directs the various organs.* Thus, not only is music physic for the soul, dissipating mental depression, soothing psychic perturbations, but its influence may also enhance nutrition, further digestion and restore organic equilibrium. Indeed, the entire working of the human organism, physical and mental alike, may be lubricated by a stream of music, which art and science therefore should have a place in the medical armentarium. It would, no doubt, be too much to expect every physician to be a performer on some instrument; yet illustrious physicians have been skilled executants. Strumpel, for example, was an excellent pianist; Billroth was a superb violinist, and all the better surgeon for his skill on that instrument. Richard Morrison, famous Boston surgeon of recent years, was a fine cellist; Richard Cabot, Professor in Medicine at Harvard Medical School, is an excellent violinist and chamber music performer. In any event, every physician could well be at least an appreciator of music and have some understanding of that art.

The famous German surgeon and musical philosopher, Theodore Billroth, to whom I have just referred, during the latter part of his life, felt an ardent desire to arrange, classify and outline his own views concerning music. The result of his labor in this direction has been published posthumously in the book entitled, "Who is Musical." Dr. Billroth goes into the very fundamentals of cause and effect in music from a physiologic and psychic standpoint. His conclusions are most interesting and I wish to quote only a few of them. He states: *"Rhythmic movements are among the most important properties of our body and are necessary to life. Thus we have rhythmic movements of respiration, the heart and the rhythms which we are capable of imparting to our voluntary muscular movements. It is probable that all muscular movements of the body, conscious or unconscious, are brought about by a summation of numerous infinitesimal and imperceptible rhythms." Billroth asserts that a fundamental condition of music, namely, the more or less conscious ability to receive and appreciate rhythmic movements, must be innate in man and many animals. This, like most rules, has its exceptions.* He found, for instance, that about 2 per cent of the soldiers in the Austrian and Hungarian armies never learn to march rhythmically. These men are not permitted to appear in parades or are transferred to cavalry regiments. Lacking, then, the appreciation of rhythm, which they never can learn, these men are absolutely unmusical, since the ability to apprehend the rhythmic organization of tones into melody is the fundamental and first condition for the comprehension of music.

RHYTHMS APPEAL TO THREE SENSES

Rhythms may be perceived simultaneously by three special senses. They may be heard, seen, and felt in the muscles. As the influence on consciousness may be exerted from three senses at the same time, it is evident that the major part of our nervous system is occupied in this process, a fact which readily explains the marked effect exerted upon the entire organism. Melody, on the other hand, is always more or less dependent upon conventionality, habit and fashion.

What has perpetuated the compositions of such masters as Handel, Bach, Marcello and Scarlatti is not their melodies, which are often strange and uninteresting, but their incisive energy and abundance of wonderful rhythms.

An ingenious American, Dr. Robert Schauffler, has suggested a veritable musical pharmacopeia. After close observation of the influence exercised by music on different kinds of pains he, with the aid of expert musicians, compiled what may be called, "A Musical Prescriber's Companion." For instance, against maniacal depression he recommends "Wagner's Ride of the Valkyrie," and the prelude of Dvorak's Carnevale. For cases of nervous exhaustion following intense work, he prescribes the Moldava of Smetana and some songs by Greig. Against intense grief he suggests the execution of some studies of Chopin, Patetica of Beethoven and Dvorak's Concerti on the cello. Some of Bach's works are indicated for cases of

mental somnolence consequent on the abuse of alcohol. Furious mania is to be treated by the use of pieces with solemn movements as, for instance, The Pilgrim's Choir in Tannhauser. Even in jealousy, there is a musical remedy in the Prelude of the Meistersingers. Dr. Schauffler is convinced that there is a great future for the Medical Pharmacopeia and that it will not be long before a new class of doctors come into existence—medical musicians, who, after having examined the patient will, instead of a prescription, place in his hands a copy of a musical composition. An idealistic view, perhaps, but it represents a student's opinion.

THE PHONOGRAPH AND SURGERY

A certain physician, Dr. Kane of Pennsylvania, employed a phonograph in his operating room, especially while doing operations under local anesthesia. He reports that no matter how anxious, busy or abstracted the surgeon, anesthetist or the assistants may be, the phonograph goes on; it talks, sings, plays and fills the ears of his perturbed patient with agreeable sounds and his mind with other thoughts than that of his present danger. The patient usually converses with the anesthetist on the subject of the pieces played and begs for more when the machine happens to run down.

There are illnesses in which it is highly important to change the key in which the psychological state of the patient is vibrating, and if this change, upon the realization of which depends often the very existence of life, can be brought about by taking advantage of a tendency to vibrate in consonance with a given musical tone, what a vast field of beneficent utility will be reserved for the art of music when allied to that of healing. Pharmacological therapeutics will not lose any of their efficiency in the treatment of disease when side by side mental therapeutics in the form of music pursue the same end.

Finally, we are able to state that the practical application of music in medicine is at present on a firm basis. Its sphere of usefulness, however, is limited to the treatment of the mentally and morally afflicted, in which cases it works like a specific remedy when everything else has failed. Many institutions, notably in New York and Pennsylvania, have taken advantage of this fact and music now forms part of the regular treatment in institutions for mental diseases, correctional institutions, prisons and old people's homes.

Music will never become "a cure all"; there is no such thing, but its usefulness will extend in direct proportion to our understanding of its application in the treatment of a greater variety of human ills.

BIBLIOGRAPHY

Dr. J. T. R. Davidson: The Lancet, October, 1899.
New York Medical Journal, September, 1889.
Medical News, Editorial, September 12, 1914.
American Journal of Physiology, Vol. 46.
The Modern Hospital, Page 404, Vol. 12.
Sir Frederick Mott, M. D., Journal of Mental Science, Vol. 67; 1921.
Medical Life, Vol. 34, Page 4, (Hemmeter Feschrift.)

ANATOMICO-PHYSIOLOGICAL BASIS FOR LOCAL ANAESTHESIA

C. F. McCLINTIC, M.D.
(From the Neuro-Surgical Service of Receiving Hospital and the Detroit College of Medicine and Surgery.)
DETROIT, MICHIGAN

The object of any anaesthetic is to eliminate pain, relax the musculature in the field of operation and prevent shock.

In order to find a rational basis for an anaesthetic which will accomplish the above named objective it is necessary to (1) determine the conductive paths and cortical centers for pain; (2) to find out where anaesthesia must be produced to cause muscular relaxation, and (3) at the same time prevent operative and post operative shock.

Until recently pain was regarded as coming to consciousness in the cerebral cortex, but we now know that the conscious center for pain is in the thalmus. The part played by the cortex consists in evaluating pain. That is to say that accompanying each pain sensation there is an "associated sensation" from the immediate area from which the pain impulse arises. It is this *associated sensation* which not only enables us to localize the source of the pain but also enables the cerebral cortex to place a value or estimate upon it. This fact accounts for variations in different individuals in their reactions to painful stimuli of equal intensity, for the failure of local anaesthesia to produce local analgesia in certain individuals, and for the frequent failure of cerebral depressants and certain hypnotics to relieve pain. In order therefore for an anaesthetic to relieve pain, by action on the conscious centers it must influence the cortex which is reached by the associated impulse of pain or else on the thalmus. Ether and the related hypnotics do this by rendering the

patient unconscious. So we may eliminate pain sensations by a general anaesthetic acting on the conscious center.

Our other attack in order to prevent pain during surgical proceedures is to block the pain pathway. In order to do this we must know what fibers transmit painful impressions.

From the time that Mann advanced the idea until very recently we have been taught that only the sensory nerves of the somatic nervous system conduct painful impressions, and more or less plausible explanations were advanced to explain visceral pain in regions not reached by somatic nerves. Since Cajal, DeJerne and others have given us an explanation of referred pain in the structure of the Dorsal Spinal Ganglia, and experimental and clinical evidence have convinced us that all painful impressions are transmitted over the gray rami of the visceral nervous system, we now know the pain paths and where to find them both in the peripheral and central nervous system. So in the use of a local anaesthetic or analgesic we should aim to block the pain pathway, and if in doing so the associated somatic sensation is blocked, so much the better.

Having located our central and peripheral pain units we must next decide where to use our anaesthetic in producing muscular relaxation. It seems to be a popular notion among scientific men, in their conversation at least, that muscles are paralized by anaesthetics but they are not by either general or local. It is a physiological fact that muscle tonus is dependent upon the reception of normal afferent stimuli, that normal muscular contraction is also dependent upon the same fact. It is a very simple matter to get a muscular contraction in deep ether narcotics from electrical stimulation of the motor cortex of the cerebrum, and by mechanical stimulation of the motor paths in the cord and the motor spinal nerve roots. In the preparation of this paper we verified these facts as well as proved that by infiltrating the dorsal roots intra-durally we could get complete muscular relaxation, and at the same time motion could be produced in the limb when moved without opposition. The animals showed no evidence of sensory sensation in the anaesthetized area.

I have personally entertained this idea for some time and was pleased to note a report of Rene Leriche's work in which he holds the same views. We hope to go even further and be able to show that only the non-medullated nerve fibers are affected by local analgesics.

The third objective in anaesthesia is the prevention of shock. Shock consists of at least two factors if not more. As shown by Crile and Dolly it results from quantitative changes in the Nissl granules in the nerve cells. These changes result not from the anaesthetic but from surgical trauma and involve the motor elements of the cerebral cortex if not other elements as well. We should remember that the cerebellum is one of the chief visceral centers as evidenced by its connections with the visceral elements in the spinal cord, and it also plays a leading role in the strength and rhythm with which voluntary muscles contract.

The other factor in shock is the effect upon the visceral nervous system, more especially the visceral motor, and vasomotor elements of it. We all fear splanchnic paralysis. It is unfortunate that the post-ganglionic fibers are non-medullated. On the other hand it is fortunate that the splanchnic or visceral nerves to the gut and blood vessels act independently of their central connections. Our third objective is therefore to apply a local anaesthetic so that it will not seriously affect the visceral motor system and at the same time prevent the pain and associated impulses from reaching the cerebrum.

With these facts as a basis—i.e. pain paths being over the gray rami communicantes, the cutting off of afferent visceral and somatic impulses producing muscular relaxation, and the disturbances of the viscero-motor mechanisms and nissl granules producing shock, we are prepared to seek a location for the application of a local anaesthetic to eliminate pain, to produce muscular relaxation, and to prevent shock.

When we analize the present methods used in producing local anaesthesia we find there are six or seven points of attack. (Fig. 1), 1. The infiltration of subcutaneous tissues. 2. Blocking of a nerve along its course. 3. Blocking a nerve between the dorsal spinal ganglion and the junction of the visceral motor fibers. 4. Blocking at the ganglion. 5. Root blocking (spinal or intramedullary attack). 6. Splanchnic anaesthesia along the (a) preganglionic and (b) post-ganglionic fibers. Caudal anaesthesia and ganglion blocking are one and the same. Splanchnic anaesthesia and the blocking of the sacral sympathetic in the hollow of the sacrum through the

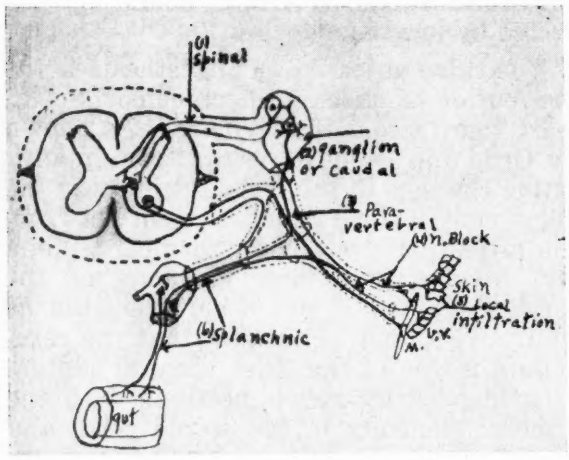


Fig. 1. The above figure indicates the points of attack upon the sensory nerve mechanism in the various methods of local anaesthesia.

ischio-rectal fossa as practiced by the French are one and the same.

The problem now is to select the methods which give the three objects aimed at in local anaesthesia, and eliminate those which do not. Referring to the diagram we note that there are only three out of the seven which do this, and of the three only two are of practical application. They are the (a) spinal and (b) paravertebral and (c) caudal methods. (Fig. 1).

The infiltration method has its advantages in producing haemostasis yet it distorts the structures, lowers tissue resistance, disturbs chemical equilibrium and slows the process of repair because of the effect upon the trophic function, i. e. a vaso-motor effect. Nerve blocking does not distort the tissues, nor disturb the local chemical equilibrium of the tissues but it may produce the same vaso-motor effect unless the pain fibers and vaso-motor fibers have a different and separate course. Infiltration of the dorsal spinal ganglia may do damage to the nerve cell bodies, and are difficult to reach. Caudal anaesthesia also involves the dorsal ganglia of the sacral nerves. In fact it seems to me that ganglion blocking as a whole should be discouraged.

Splanchnic anaesthesia has the objections of being difficult of application; there is such a diffuse and extensive distribution of splanchnic nerves that it requires a large area to be affected in order to work in a small one. It involves the visceral motor, and the vaso-motor systems and the vaso-motor may have a distribution far from the field of operation. Splanchnic infiltration is usually employed to supplement splanchnic anaesthesia with the objection offered to the infiltration method mentioned above.

While the objections offered to nerve blocking and local infiltration may not justify our discarding them in minor surgery of the extremities, parietes, and some dental work yet these objections become serious when applied to the field of major and splanchnic surgery.

We have left therefore the two methods (a) spinal or intramedullary, and the para-vertebral methods, para-vertebral accomplishing the same thing in the upper part of the body that infiltration of the dorsal sacral foramina does in the sacral region.

Spinal anaesthesia physiologically has the greater hazard attached to it because a trivial injury to the cord may result in disaster. (Fig. 2). Spinal anaesthesia if confined to the dorsal roots permits the visceral motor fibers to escape but in our experiments we found that it is almost impossible to prevent inserting the needle below or anterior to the dorsal roots because of the flatness of the cauda equina, and when the anaesthetic is applied to the ventral roots intradurally the visceral motor fibers become involved.

The remaining method therefore is the paravertebral and dorsal sacral injection. (Figs. 1, 3, 4, 5). In this procedure the anaesthetic is applied proximal to or inside of the junction of the spinal nerves with

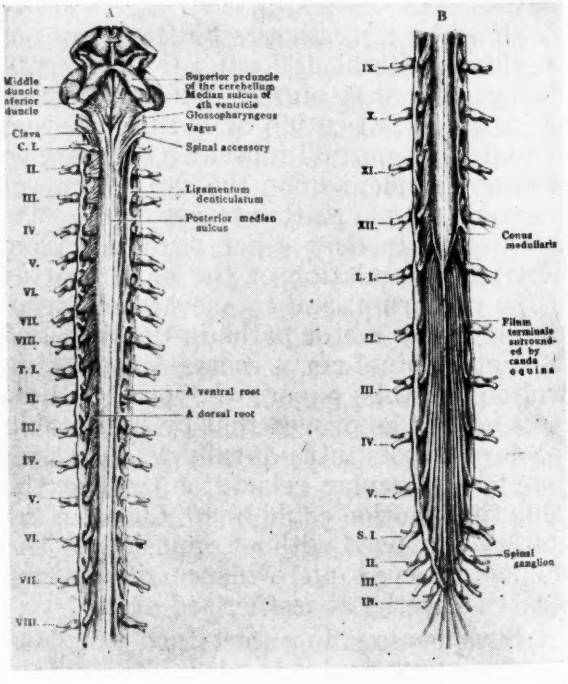


Fig. 2. The above figure shows the meninges of the spinal cord laid open. The structures seen here are exposed to the effects of the anaesthetic in spinal anaesthesia. One cannot bue be impressed with the effect which can be produced by anaesthetizing these structures.

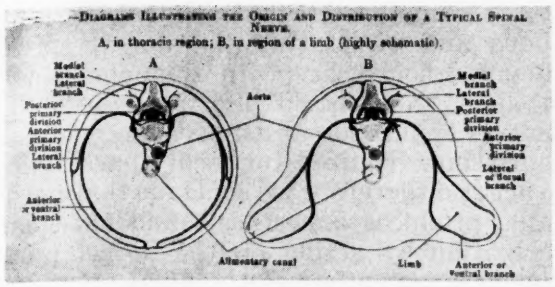


Fig. 3. This figure is from Morris Human Anatomy. It shows the relations of the nerves to the vertebral bodies. The point of the arrow indicates the location for the needle in para-vertebral anaesthesia. The space in the living in which the solution of the anaesthetic can be placed is about three-fourths inch in diameter.

the visceral sensory so that not only the somatic sensory but also the visceral sensory are blocked. The vaso-motor fibers of the spinal nerves escape because they join the spinal nerve distal to the point of injection. The visceral motor fibers escape because they leave the spinal roots proximal to the point selected. The anaesthetic is placed in the dorsal parietes where there is a large muscular mass for absorption, due to the blood supply not being over abundant the absorption process is slow permitting a longer duration of the analgesic effect and a less acute toxic effect results since the destructive process is more deliberate. Therefore, from the physiological viewpoint the paravertebral method, as suggested by Meeker, is the one of choice.

The objections offered to it in that the technique of application is difficult is not valid because a surgeon is not justified in failing to give his patient the best there is in surgery. If he is not master of the technique he should pass the case on to one who is. Others claim that it fails in certain operations. This is due either to poor technique, anatomical ignorance or both.

As an example of the necessity for knowing the anatomical requirements take an epididymectomy. In the region of the upper scrotum and inguinal ring the source of the nerve supply is from the twelfth thoracic and first lumbar segment for both the superficial and deep parietal tissues. The supply to the testis is from the region of the tenth thoracic segment, to the epididymus from the eleventh and twelfth thoracic and first lumbar and that portion of the scrotum which embryologically is from the perineum is supplied by the first, second and third sacral nerves. The region at the base of the penis has the same supply. So that in order to produce

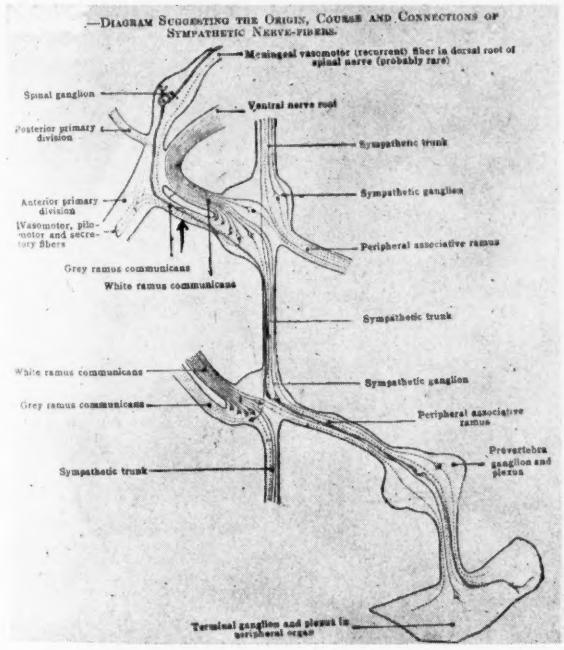


Fig. 4. The above figure is from Morris Human Anatomy. The point of the arrow indicates the point of attack in paravertebral anaesthesia.

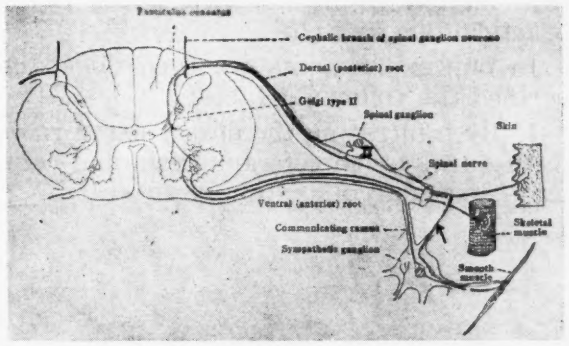


Fig. 5. The point of the arrow in the above figure indicates the afferent sympathetic ramus (pain fiber) on its way to the spinal ganglion. It is this fiber that is blocked in paravertebral anaesthesia. Note that the cell body of this neurone is in the spinal ganglion.

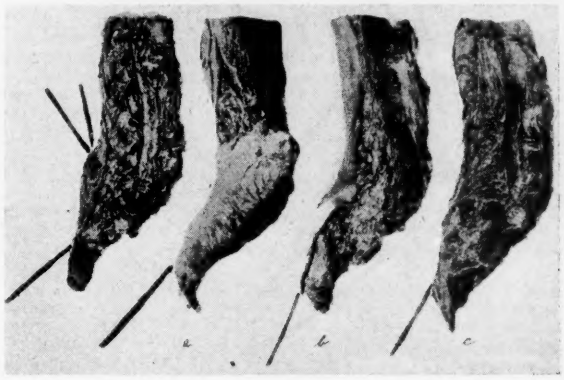


Fig. 6. The above photographs are taken from fresh autopsy material. They show the variations in the sacral curve. The lower probes point in the direction of the sacral canals. In the picture to the left the uppermost probes indicate the directions which needles must take in entering the sacral foramina. Failure to determine the variation in sacral curvature by external palpation and rectal examination and the corresponding direction of the axis of the sacral foramina account for the difficulties often experienced in inserting the needle in sacral anaesthesia.

analgesia, blocking should be done over all of these areas and one segment further in each direction.

The results of Lowsley and others bear out these assertions. Our own experiments confirm our contentions. We believe that these facts should be taken into consideration and that methods for the production of local analgesia, for that is what it is, based on these facts rests not only upon a firm anatomico-physiological basis but a practical one as well.

In our experiments we used dogs and verified the followning facts:

1. By infiltrating the dorsal nerve roots intra-durally complete analgesia and complete muscular relaxation results.

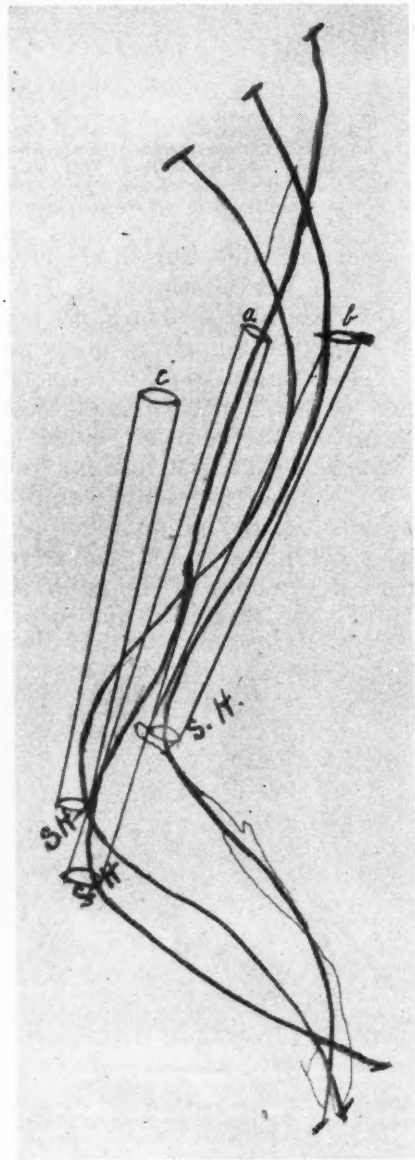


Fig. 7. The tubes in the above figure represent the direction of the sacral canal from the hiatus the specimens a, b, and c in figure 6. Note that a straight needle would pass through b and c, but would be obstructed in a.

2. Closing the sub-arachnoid space above and infiltrating the dorsal spinal sub-arachnoid space with sulphonephenolpthalein, there is no infiltration into the ventral spinal sub-arachnoid space in the short time required for local anaesthetics to act and therefore we conclude that novocaine produces anaesthesia and muscular relaxation by action on the dorsal roots and does not affect the ventral or motor root which is medullated.

3. To study the effect of novo-caine on the visceral motor system we used a spinal dog, tied off a section of bowel and filled it with normal saline and attached a water manometer to it and then infiltrated the splanchnic nerves. The result was a relaxation of the gut wall, viscero motor paralysis. There was a 40 mm. fall in the water manometer in 3 in. of gut 1 in. in diameter.

We plan to study the changes which occur in nerves in the presence of 2% novocaine to see whether a hydrops occurs, or an increase or decrease in H ion concentration as well as changes in electrical resistance. We also expect to show that novocaine acts only on non-medullated fibers, and we believe that ether likewise acts on non-myelinated nerve elements.

Technique for making injections in paravertebral anaesthesia:

The only points which we feel should be emphasized here are the following:

1. In order to reach the sensory rami of the sympathetic in the dorsal region, the needle is inserted just beneath the angle

Fig. 8. This photograph represents eight hemi-sections of sacra taken at random from a large collection. It illustrates the variation in the sacral canal. In the top row at the left the canal is almost straight, the last one in the lower row at the right shows a marked curvature. The curves of the others lie between these extremes.

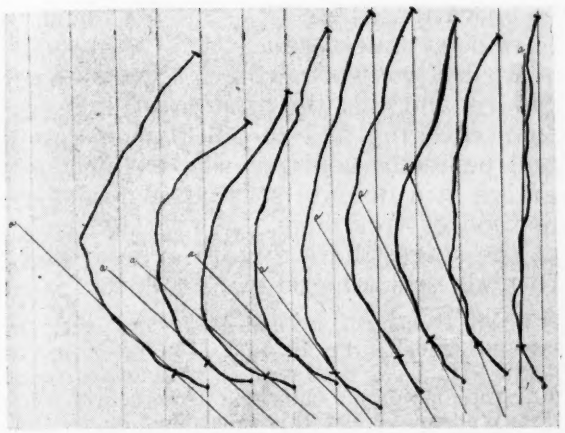


Fig. 9. In the above figure the irregular curved lines represent the curves of nine sacra taken at random. The straight line "a" represents the axis of the sacral canal at the hiatus and the direction a straight needle would take in doing injections through them. The spaces between the vertical horizontal lines represent one-half inch.

of the rib and is then pushed in the direction of the body of the vertebra (Fig. 3) in line with the lower border of the rib and in the middle of the interspace. When the needle strikes the body of the vertebra it is withdrawn about 1 cm. and the injection is then made.

2. In injecting through the sacral foramina it is important to remember that as the lower foramina are reached it is necessary for the axis of the syringe to be brought more nearly parallel to the axis of the spinal column. In (Fig. 6) the uppermost probe is in the third foramen of the sacrum and the lower one is in the first.

3. In sacral injections through the hiatus it is well to make a rectal examination prior to the injection in order to get some idea of the curvature of the sacrum. The accompanying photographs show the variations to be found in four sacra from persons who had been dead only a few hours when the specimens were secured. These are wet specimens. (Figs. 6, 7). The photograph of dry sacra is of nine sacra which happened to be in a box in the osteological work room and yet the curves of no two of the sacra begin to approximate each other. (Figs. 8, 9, 10).

The lines show the variation in the curvatures, the vertical lines represent a spacing of ½ inch. The other figures shows the curves superimposed. These llustrations emphasize the individual skeletal variations, and the importance of considering them.

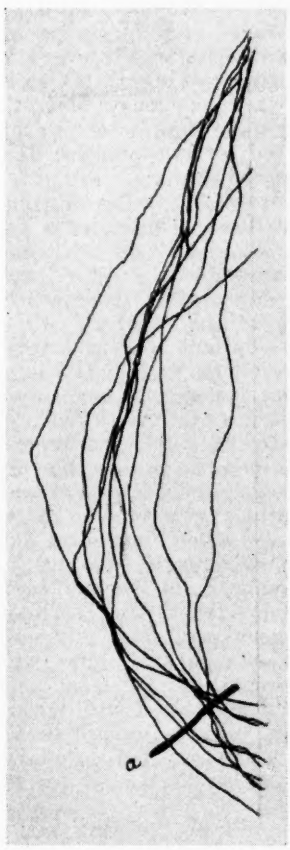


Fig. 10. This figure represents the line of the curves of the nine sacra in figure 9 superimposed. The heavy line "a" represents the location of the hiatus.

BIBLIOGRAPHY

Char, G. Y.: Caudal Anaesthesia—166 Case Reports. China M. J. 40:57-62. Jan. 1926.

Cheinisse, L.: American Research on Toxic Effects of Local Anaesthesia. Presse Med. 32:436-37. May 17.

Cranmer, R. R.: Limits of Local and Regional Anaesthesia. Journal Lancet 42:542-544. Nov. 1, 1922.

Elliott, G. C.: Extreme Respiratory Paralysis following Caudal Anaesthesia. Colorado M. J., 22:344-45. Oct. 1925.

Farr, R. E.: A method of obtaining Anterior Sympathetic Anaesthesia in Abdominal Surgery. J.A.M.A. 83: No. 8. 427-29 Aug. 1924. Abdominal Operations under Local Anaesthesia. J.A.M.A. 73:391-95. Aug. 9, 1919. Local Anaesthesia of Abdominal Sympathetic System. Surg., Gynec. and Obst. 39:336-48. Sept. 1924.

Fischer, H.: Anaesthesia of Splanchnic Nerve in Abdominal Operations. Ann. Surg. 79:444-53. March 1924.

Frederich, H.: Dangers of Paravertebral Injections for Anaesthesia in Goitre. Zentralbl. f. chir. 53:1441-45. June 1921. J.A.M.A. 87:715 Aug. 28, 1926.

Jarcho, J.: Spinal Anaesthesia in Central European Clinics. Anes. and Analg. 5:240-42. May 1926.

Jonnesco, I.: Technique for intraspinal generalized anaesthesia. Presse Med. 34:145-51. Feb. 3, 1926. J.A.M.A. 86:989 March 26, 1926.

Kappis, M.: Local Anaesthesia in Urological Surgery. Ztschr. f. Urolog. Chir. 10:113-18. July 1922.

Labat, G.: Regional Anaesthesia. Short Review of General Principles. Ann. Surg. 73:165. Feb. 1921. Latest Achievements of art of Local and Regional and Spinal Anaesthesia. Ann. Surg. 74:673. Dec. 1921. Induction of Spinal analgesia from Clinical and Anatomical Standpoint. Ann. Surg. 80:161-186. Aug. 1924.

Lowsley, O. S. and Rogers, A. E.: 117 Consecutive Major urological Operations performed under Regional Anaesthesia. Journal Urology 12:543-71. 1924.

Martin, H. W. and Arbuthnot, R. E.: Spinal anaesthesia: a reviaw of more than 6,000 cases in the Los Angeles General Hospital, with especial consideration of genito-urinary operations. J.A.M.A. 1926. lxxxvii, 1923-25.

Meeker, W. R.: The use of Paravertebral Nerve Block Anaesthesia in general Surgery. Minn. Med. 6:138-52. March 1923.

Mumey, N. and Elliot, D. C.: Caudal Anaesthesia. Am. J. Surg. (Supp) 39:39-42. April 1925.

Ranson, S. W.: Anatomy of the Sympathetic Nervous System. J.A.M.A. 86: No. 25. 1925.

Zeigner, H.: Vasomotor collapse in lumbar anaesthesia and its prevention. Zentralbl. j. chir. 53:1367-69. May 29, 1926.

THE TREATMENT OF CONGESTIVE HEART CASES

JOHN L. CHESTER, M.D.
DETROIT, MICHIGAN

One of the most powerful diuretics in the pharmacopeia is a complex mercurial preparation containing about 34% of mercury in a non-ionizable combination. It is in fact the double salt of sodium mercurio-chlorpenoxylacetate and diethylbarbituric acid. It is only employed in a 10% neutral sterile solution. This is the drug known as novasurol.

In cases of cardiac dropsy, cirrhosis of the liver, cardiorenal dropsy, nephrosis, congestive heart failure especially when associated with syphilitic myocarditis, it is distinctly indicated. Where the usual heart remedies of the digitalis group have failed, it may be used as a last resort, and with more than a modicum of confidence. It is not indicated where there is a serious kidney lesion. The dosage is in 1 c.c. ampules, which may be worked up to 2, 3 and even 4 c.c., depending on toleration. Mercurial poisoning, diarrhea and salivation have always to be guarded against, and I might here say that the diuretic action of novasurol is very much assisted when ammonium chloride, gr. 10, is given three times a day in conjunction. The ammonium chloride may be continued in smaller doses until the patient is in good condition.

RESULTS IN NINE CASES

I have used novasurol in a fairly large number of cases, from the records of which I now propose to enlarge on nine well-nigh hopeless cases of congestive heart failure treated with the drug at Eloise Hospital. Actually there were quite a number of similar cases so treated—25 in number to be exact—but these nine were the most striking. At Eloise there was presented a wonderful opportunity for experimentation in novasurol treatment. The patients were more than willing to submit themselves to the exposition of the drug, and the assistance and co-operation were of that splendid kind that enables a physician to do his best work. I take the opportunity of here thanking Doctors Saunders, Agins, Hollander, Seymour, Elovzin, and the Institution's Superintendent, Dr. Bennett, for their continuous courtesy and ready assistance during the period of treatment. Without such interested and more than willing help and co-operation, these experiments could not have been undertaken.

At first we were rather at sea as to procedure, and only the most careful observation, checking and re-checking of results, and perfectly kept records, enabled us to arrive at a definite scheme of dosage and method of treatment. We finally arrived at the stage where a more or less specific formula was adhered to, as follows:

When novasurol is indicated, first give ammonium chloride, gr. 10, t.i.d. On the second day begin with 1 c.c. novasurol intravenously, continuing the ammonium chloride. If no contra indications appear, repeat this treatment on the third day, but step up the novasurol to 2 c.c. If there are still signs of congestive heart weakening and no contra indications, increase the novasurol dosage to 3 c.c. on the fourth day, still continuing the ammonium chloride. Rarely is it necessary to give more than 2 c.c. novasurol, but the ammonium chl. should be continued for some time in diminished doses, repeating the novasurol if there are signs of returning dropsy.

At Eloise, a few of the patients required novasurol once a week for two or three months, but very few of them ever required digitalis during the course of the treatment. With your permission, I shall now proceed to our nine specific cases.

Case No. 290779—O. A., female, age 37. Admitted April 26, 1927.

C. C.—Heart and kidney trouble.

P. I.—Had been sick for three months, beginning with smothering spells every 10 to 15 minutes, also shortness of breath, which came on gradually. There was much cough, blood-tinged sputum, and swollen legs of four weeks duration. Patient had been in bed for two months. There was also pain over precordia.

P. E.—Enlarged heart—no murmurs. A 2-plus—no irregularities. Tachycardia present. B. P. 204/126. Basal rales; ascites; marked pitting edema of arms and legs.

Diagnosis—Myocardial degeneration with congestive heart failure.

Treatment—Patient was first treated with Tn. digitalis and morph. sulph., P. R. N. On May 5th ammonium chl. and novasurol was resorted to when her weight was 228 pounds, B. P. 204/126.

Progress—By May 28th, weight had been reduced to 185 pounds, B. P. then 160/120. The total loss of weight in 23 days was 43 pounds. While this patient was relieved of the edema and in many ways much improved, she was still dyspneic and orthopneic, due we believed to a coronary thrombosis. It seemed in June that the patient had but a short time to live, yet by continuing the novasurol with ammonium chl., she lived until November 6th, and while not well, managed to experience at least some degree of comfort. Suddenly seized with severe pain in the cardiac region, almost impossible to relieve, patient died in 24 hours of a coronary thrombosis.

Case No. 28936—P. G., white, male, age 48. Admitted March 29, 1927.

C. C.—Rheumatism, hacking persistent cough, occasional night sweats.

P. I.—Has had rheumatism all over body—all joints. Swelling of legs and hands with painful

wrists and ankles. Been sick for two months, with a similar attack about one year ago. Walks around with difficulty, but becomes edematous towards evening. Been short of breath for a few years, and is rapidly becoming more dyspneic of late.

P. E.—Wheezing musical rales in both lungs and long noisy expiration.

Left border of heart is 15.5 cm. from mid-line. No thrills felt or murmurs heard.

Liver palpable four fingers breadth below costal margin. Curving and clubbing of finger nails.

Diagnosis—Rheumatism; chronic myocarditis; cardiac asthma.

Treatment—Digitalis was first administered, m xx t.i.d. On May 28th this was stopped and ammonium chl. and novasurol given. Weight was then 163 pounds. Altogether the novasurol dosage was stepped up to 3 c.c., with the result that in five days 26½ pounds reduction in weight was attained.

Progress—There was still some edema, but the general condition was better, appetite improved, and a sense of general betterment noted. The patient continued in fairly good condition with ammonium chl. gr. v t.i.d. nearly all the time with 1 c.c. novasurol occasionally, until July 30th when he died suddenly.

Case No. 28649—White, male, age 30. Admitted April 27, 1927.

C. C.—Dyspnea—felt as if chest was held in a vise. With absolute bed rest would feel better. Coughed blood-streaked sputum.

P. I.—Patient is cyanotic and edematous. This began about two months ago, and is gradually getting worse. Has had hemoptysis. In 1912 had a chancre.

P. E.—Many moist basal rales. Heart enlarged. Thrill felt over mitral and occasional extra systole.

Liver enlarged four fingers breadth below costal margin.

Some ascites present, and pitting edema of extremeties.

Impression—Mitral stenosis; chronic myocardial weakening; luetic heart disease.

Treatment—Patient was treated with Tn. digitalis, diuretin, mercuric iodide gr. 1/5, until June 18th, when novasurol was given. Weight was then 152 pounds. After dosage had been stepped up to 3 c.c., a total loss of 22 pounds was attained.

Progress—Patient looked and felt better and the ascites were much diminished. June 30th, he left the hospital to be re-admitted December 15—decompensated. Was tapped six times. During his absence he felt well most of the time. This patient died January 6, 1928.

Case No. 26693—J. M., white, male age 76. Admitted April 28, 1927.

C. C.—Dyspnea and fatigability.

P. I.—Has had attacks for two or three years. Much worse for the past month.

P. E.—Flatness on right side; absent breath sounds; diminished voice sound. Bronchial breath and a few scattered rales heard over left lung.

Heart is much enlarged, dilated and perpetually irregular. Apex beat is diffuse and heaving—impossible to locate apex accurately. There is a low pitched diastolic murmur heard best at second left interspace.

Liver enlarged four fingers breadth below costal margin. Ascites present.

Extremeties edematous.

Impression—Right sided effusion; mitral stenosis; auricular fibrillation; congested heart weakening.

Treatment—Tn. digitalis was first given until May 28th, when novasurol treatment was instituted. Weight then 139 pounds. In six days after a maximum dosage of 3 c.c. novasurol, 12½ pounds was lost.

Progress—June 15th patient was discharged, hydrothorax unchanged, but heart weakening cleared up entirely. January 4, 1928 this patient was re-admitted to hospital—hemorrhoids—enteritis, but otherwise in fairly good condition, and is still there.

One of the contra-indications of novasurol is albuminura, yet if the patient has a normal N.P.N., we have on occasion given the drug in spite of a 4 plus albumen. The following is a good example of this:

Case No. 27492—M. F., colored, female, age 50. Admitted February 21, 1927.

C. C.—Wheezing paroxysms of coughing, followed by hemoptysis, dyspnea, and periods of great distension of the abdomen.

P. E.—Apex in 6th interspace, 2.5 cm. to left of mammary line. P 2 is plus.

Liver 2½ fingers breadth below costal margin and tender. Dullness over both lungs at bases. Definite moist wheezing rales heard above dullness.

Impression—Mitral insufficiency; advanced cardiac asthma; chronic parenchymatous nephritis.

Treatment—Medication prescribed at time of admittance was digitalis, bicarb, and citrate of soda, comp. pulv. jalapae, salt free diet, strychnin and morphine P.R.N. at times.

June 18th, patient was in great distress—she then weighed 192 pounds, most of which was due to edema present in lower part of abdominal wall and legs. A catherized specimen was very dark amber with a 4 plus albumen and many pus cells. No casts were seen.

At this time ammonium chl. grs. v every three hours was given, Kerrell diet started and 1 c.c. novasurol administered. 2 c.c. given the following day, then 3 c.c., with 4 c.c. on the fourth day. Patient then weighed 140½ pounds, having lost 51 pounds in about 4½ days.

Progress—The edema in the lumbar region subsided, and the previous distress not in evidence. Patient much improved and the albumen cleared up. Continuing to be fairly comfortable with accasional doses of novasurol, this patient died December 6, 1927 of congestive heart failure.

Case No. 26526—A. C., colored, male. Admitted April 15, 1927.

C. C.—Complained of stomach trouble and shortness of breath.

P. I.—Has been ill for two years; much worse recently.

P. E.—Heart sounds irregular; systolic and diastolic murmurs heard at apex. General anasarca, with marked ascites. Albumen 2 plus on admittance and weight 228 pounds.

Impression—Cardio-renal vascular triad. Chronic myocarditis; nephritis.

Treatment—After having been given tr. digitalis xxx q.h. 4, the ammonium chl. and novasurol treatment was begun April 16th. By April 23rd, 4 c.c. novasurol had been administered, and on this date paracentesis was performed, when 8 ounces straw colored clear thick fluid was procured. Albumen then negative. By April 25th,

weight was reduced to 162 pounds—a total loss of 66 pounds in 10 days.

Progress—Ammonium chl. was also continued in this case, and on April 30th 1 c.c. novasurol given. Weight further reduced to 156 pounds. Patient felt much better although somewhat dyspneic still. He did fairly well, was comfortable and able to work a little but developed ascites and was tapped five times during the summer. Towards the end of October he suddenly became decompensated and died in three days. Novasurol kept this patient comfortable over a period when other remedies had failed.

Case No. 28867—G. E., male, age 36. Admitted March 23, 1927.

C. C.—Shortness of breadth; insomnia; orthopnea.

P. I.—Began to be dyspneic in January and became unable to walk. Cough and hemoptysis developed. All signs and symptoms gradually getting worse.

P. E.—Heart much enlarged; double murmur in mitral area; no thrills felt; throbbing of carotids.

Arcus senilis; basal rales; ascites present.

Impression—Enlarged heart with congestive heart failure.

Treatment—This patient was first given large doses of digitalis in conjunction with morph. sulph., without any impression. March 26th ammonium chl. and novasurol were begun, the dose being finally stepped up to 3 c.c. and losing a total weight of about 23 pounds.

Progress—He improved from day to day, until at the end of the course of treatment he could lie down and sleep well, appetite good, and in every way evidenced improvement.

Case No. 29184—C. D. Admitted May 11, 1927.

C. C.—Suspects dropsy.

P. I.—Had cardiac asthma October, 1926. Kidney trouble in last two months. Occasional cough. Abdominal distension interfered with breathing. Had swelling in extremeties which went up to abdomen.

P. E.—Heart enlarged. Presystolic murmur audible at apex.

Lungs palpable four fingers breadth below costal margin and tender. Unbilical hernia. No ascites.

Impression—Mitral Stenosis.

Treatment—Novasurol treatment caused patient to void a great deal, and although some pitting in extremities still was present the edema subsided.

Progress—Patient is still in hospital on mercury and iodide. He is not bedfast and feels, he says like himself.

Case No. 28598—E. W., age 29. Admitted September 30, 1927.

C. C.—Nausea, cough, heart trouble for 10 years, dyspnea.

P. I.—Had hemoptysis a week ago.

P. E.—Anemic looking.

Enlarged heart; presystolic murmur; no rales; developed basal rales September 7th; redup. of second sound and signs of decompensation. Edema of lungs.

Diagnosis—Mitral stenosis. Congestive heart failure.

Laboratory—Negative alb. no casts or pus cells. R.B.C. 4448000, W.B.C. 10800, Kahn neg., Poly 66-74, B.P. 98/68, P.M. 30%, L.M. 4%.

Progress—October 7, 1927, novasurol was given in the usual manner, and patient improved, although he was still very weak. He was warned to stay in bed, but on December 6th got up and wheeled himself to bathroom, where he was found in his chair dead.

While the details of the above nine cases could practically be duplicated in the other sixteen cases treated at Eloise, we so far used novasurol only in desperate cases in which the end seemed near. We think there would be greater and more lasting benefits if the remedy was used earlier before the heart becomes so badly damaged. Unfortunately at Eloise, those patients come to us really to die. It must be understood however that such cases have to be under observation over a long period of time after the initial treatment, as is true of all chronic heart conditions. At the present moment five cases are in the hospital undergoing treatment, and we have every reason to believe that the usual good results will ensue.

Generally speaking it is our experience that with the employment of this drug, those otherwise hopeless cases of congestive heart failure can be restored to a fair degree of health, and in some instances the patients can re-acquire a moderate amount of efficiency. The diuretic action of novasurol is invariably prompt, being usually manifested within 1 to 3 hours, and reaching the maximum effect in 8 to 12 hours. The foregoing reports show a progressive loss of weight of from 12 to 51 pounds, and a daily increase of voided urine of from 5 to 6 quarts has been frequent in our experience. In all treatments which have proved successful—and I must admit I have yet to see many failures—other conditions are invariably benefitted. The drug has been recommended in the treatment of obesity, and although I have had no experience as to its efficacy in this, I am ready to believe that it would be a potent help.

DEMENTIA PRAECOX COMPLEXES*

JOHN R. ERNST, M. D.

Division of Neuropsychiatry, Department of Medicine, Henry Ford Hospital

DETROIT, MICHIGAN

A. THE OEDIPUS COMPLEX

Freud was the first to apply the term Oedipus to the complex resulting from a mother-son attachment with a subconscious sex attraction, which, as a result of its efforts to force its way into the conscious, produces violent somatic and autonomic disturbances if a normal adjustment is not made. Freud obtained the term from

* Read before an Interdepartmental Meeting of the Henry Ford Hospital, Detroit, Michigan, March 2, 1927.

the Greek legend or drama, King Oedipus by Sophocles. In synopsis it reads as follows: "Laius, the king of Thebes married Jocasta. After years of childless marriage, King Laius visited the Delphian Apollo and prayed for a child. The Greek God answered as follows: Your prayer has been heard and a son will be given to you, but you will die at his hand, for Zeus has decided to fulfill the curse of Pelops, whose son you once kidnapped. In spite of the warning the son was born, and fearing the fulfillment of the prophecy, the child's feet were pierced and tied, and he was delivered to a faithful servant to be exposed in the desert. The servant, however, gave the child to a Corinthian shepherd who took it to his master, King Polybus, who being childless, adopted it and called it Oedipus, meaning swollen feet. When the boy grew up to manhood he became uncertain of his origin, and consulting the oracle, received the answer:—'Beware that thou shoulds't not murder thy father and marry thy mother.' In order to avoid the fulfillment of this prophecy, Oedipus at once left Corinth and accidentally wandered toward Thebes, where he solved the riddle of the Sphinx, driving the latter to suicide and thus freeing the city from a great scourge. As a reward for this he was elected King and presented with the hand of Jocasta, his mother. He reigned in peace for many years, and begot two sons and two daughters by his unknown mother, until a plague broke out which caused the Thebians to consult the oracle. The messengers returned with the advice that the plague would stop as soon as the murderer of King Laius would be driven from the country. Sophocles then develops the play in a psychoanalytic manner until the true relations are discovered, namely, that Oedipus killed his father and married his own mother. The drama ends by Oedipus blinding himself and wandering away into voluntary exile."**

Freud and Brill believe that this legend had its origin in the common difficulty of the neurotic boy to make transference of his love life from his mother to a proper love object. Such transference means getting away from home and its protective environment and casting off, so to speak, on the unknown sea of life. The primitive fear of the unknown plays a dominant role. This conflict, especially in the neurotic is quite violent, resulting in more or less severe autonomic disturbances. Brill states that the mental conflict is shown in the content of many incestuous dreams which he has recorded in hundreds of cases.

EMOTIONAL AND MENTAL CATHARSIS

In the cases to be cited shortly, the psychoanalytic principle used is that of inducing an emotional and mental catharsis, which is then followed by a readjustment of the patient's thought processes and emotions. Such principle, then, is the fundamental in the method of treating the anxiety and the distress caused by affective or emotional repression. In other words, the aim is the development of insight through psychotherapy.

En rapport and transference between physician and patient are of primary importance if one is to be successful. Wholesomely interpretative insight into human nature is absolutely essential.

Such effort also requires an entire freedom from prejudice and a sound self-control with an earnest desire to assist the prejudiced, the depressed, and the perverted to readjust, so as to become useful members of society.

Kempf*** insists that, "One of the first principles of a successful psychoanalyst is to recognize that the sexual affections are still the greatest constructive forces of the personality if properly trained and adjusted, and also that they may become the most insiduously and irresistibly destructive forces, if perverted or unconditionally repressed."

OEDIPUS COMPLEX ILLUSTRATED

The case of H. A. will illustrate the Oedipus complex in which an elder and only sister is the mother substitute. Both were entirely ignorant or innocent of any sex factor. There was a subconscious resistance however on the part of the patient, resulting in emotional conflicts which in turn produced physical symptoms as well as a neurosis, due to marked disturbances in the autonomic system. The subjective symptoms connected with the various endocrine and other organic systems, in every case of functional mental or nervous disturbance, furnish one of the most important leads for the psychoanalyst. There is a definite anxiety produced which may vary from a mild malaise to a terrific panic. In the Oedipus complex it is always significant that the patient has not found a suitable love object, his excuse often being that when he finds a girl as

** Brill, A. A.: Psychoanalysis, 3rd, Ed. rev. W. B. Saunders, 1922, P. 332.

*** Kempf, Edward, J.: Psychopathology, C. V. Mosby Co. 1920.

good as his mother he will marry her. His mother, in entire ignorance of the unhappiness and misery she is inflicting upon her son, encourages this attitude on his part by over solicitous concern and affection, and never loses an opportunity to speak disparagingly of any girl acquaintance in whom she feels he is becoming unduly interested.

A brief summary will be given now of the facts brought out during the psychoanalysis which warranted a diagnosis of the Oedipus Complex, also the psychotherapeutic methods used to develop insight. Consultation had been requested in this case by the gastro-intestinal department because of symptoms of neurasthenia. Patient had complained of gastro-intestinal distress, chronic constipation, burning sensations and a feeling of discomfort in the lower abdomen.

H. A. was a single man of 31 years, and an architect by occupation. It was obvious that he was the praecox personality type, and a sex conflict of some kind was suspected. He was questioned in a sympathetic manner regarding his physical complaints in an effort to bring about a transference as soon as possible. All of his subjective complaints were discussed with him and he was encouraged to give them in detail. His early childhood and home life were gone into with great care for possible leads and the following important points brought out. His mother died when he was three years of age and he was raised by an only sister. He states that she took the place of his mother in his thoughts and he has always been very devoted to her. They live with their grandparents who are old and very deaf. His sister has never married and is quite lonesome and unhappy. He has always felt sorry for her. He often referred to her as a wonderful girl and that he had never known a woman like her or one who possessed her many virtues and good qualities. Whenever he could he remained at home with her and whenever he went out socially she always accompanied him. She seldom ever gave him an opportunity to be alone with other girls.

SISTER-ATTACHMENT

During our various visits with him, which covered a period of six months, it was definitely corroborated that his attachment for his sister, in the role of mother, was the chief cause of his inability to make a normal transference of his affections to a proper love object. Several attempts were made in the early part of our psychoanalytical review to develop insight, but as he continued engrossed in his subjective physical symptoms and considerable resistance was encountered, the examiner desisted in these attempts until several more contacts were made because of the fear of losing en rapport. An attempt was made to assist him to acquire insight by an experiment without bluntly telling him that he was in love with his own sister as a mother substitute. At first hypothetical cases were cited of mother-son attachments during which symptoms similar to his were experienced. He apparently opposed the idea that his case was similar, but it was noted that he improved considerably. He was then urged to seek the society of other girls as much as possible with a view to matrimony. Since he had often stated that he felt quite sure that he was heterosexual in his desires, although he had had no sex experience, he agreed to give the examiner's suggestion a thorough try-out.

About two months later he reported in a very agitated and frightened state of mind stating that he had recently fallen in love and become engaged, and that before he left the young lady's home he had a violent revulsion of feeling. He was in a terrific panic emotionally. Stated he made his excuses to her and returned home. He became nauseated, later vomiting attacks and diarrhoea followed, had a severe headache with vertigo, and was markedly agitated. He was unable to sleep or to eat and could not attend to business.

An attempt was again made to develop insight but he was too agitated to make it successful. He came in again three days later. He continued extremely agitated and frightened about his symptoms. The examiner was able to develop insight to the extent that the patient began to realize that many of his physical symptoms were of mental origin. This relieved him immensely and paved the way for the next step. He was then advised to break his engagement at once. He stated that he had already made tentative plans to do this, as he had felt it would be impossible for him to go through with it.

He was again seen about three weeks later and all of his symptoms had disappeared. He was quite happy and had partial insight, i.e., to the extent that he felt sure that his recent physical symptoms were of mental origin. He did not have insight however as to the cause of his aversion to marriage. Efforts were again made to develop complete insight but these ef-

forts were blocked as he was not ready to give up his sister.

His fiancee came in a few days later. She was a matronly appearing woman, who had been engaged before and was considerably older than the patient. He was probably first attracted to her as a mother substitute. She was quite mystified at his conduct, but was anxious to marry him and solicited the examiner's aid in her behalf.

At the next contact visit efforts were renewed to develop insight. Apparently some degree of success was attained. He was told quite bluntly that he would have to make a complete transference of his affections to a suitable love object in order that his personality, individuality, and masculine aggressiveness could develop to their fullest possibilities. He was warned against the danger of introversion and of emotional regression. He seemed to appreciate the truth of these statements and apparently accepted them.

MOTHER-SON ATTACHMENT

B. H. also illustrates the typical Oedipus complex, or a direct mother-son attachment. Like H. A., whose case we have just received, B. H. was unaware of any sex feature. It is shown that the gradual forcing of emotional regression upon the patient, with frequent marked disturbance of the autonomic apparatus due to fear reactions, which in turn were caused by biological and subconscious opposition, are a direct result of this complex.

B. H. is an American born Hebrew, 25 years of age, single, and an only child. His family history shows that he had a neurotic father and that three paternal aunts were temporarily psychotic. He has been the sole support of his mother since his father's death ten years ago. His occupation is writer and salesman of popular songs for a song publishing company. He has been quite successful up to this time. His chief complaints were nervousness and vague fears, especially when he was away from his mother. Whenever he was on the road, usually when alone in his hotel room at night, he would have severe attacks of fear with marked reactions of the autonomic nervous system. These sensations or reactions would increase the emotion of fear, thus forming a vicious circle. Entire lack of insight was the factor that prolonged and intensified his fear reactions.

He is of the praecox personality type with the usual difficulty in making a transference of his affections to a suitable love object. He had masturbated more or less since the onset of puberty, thus disclosing the definite autoerotism and narcissism so common in the psychosexual life of children. His adherence to onanism to the age of 25, however, shows an immature and retarded emotional development, largely due to the mother attachment. At the age of 19, intuitively realizing his danger, he made an effort to break away from the invisible bonds that were dragging him down to mental regression.

He stated that he had been in love with a stenographer and was greatly desirous of marrying her. His mother objected strenuously, criticizing and speaking disparagingly of the girl at every opportunity. She had used, also, the plea that he was her sole support. She finally succeeded in persuading him to break his engagement. He was very unhappy over it and told his mother many times that she had "wrecked his life."

Since then he has made no serious attempt to fall in love, but has become more and more attached to and dependent upon his mother. They have been living for several years in an apartment, patient often calling his mother into his bedroom at night on pretext of pain in some part of his body, usually the abdomen. He is quite childlike at such times and is greatly comforted if she will caress him in some way. When temporarily master of this tendency to emotional regression he has been quite successful in his business, but recently he has become more and more panicky when away from his mother for any length of time. His fears, phobias and obsessions dominated and engrossed him more and more until he was discharged from his position. Since that time he has remained at home with his mother and is apparently unable to resist the regression and the introversion of his personality.

DISENTEGRATION OF PERSONALITY

Repeated efforts were made to increase insight but were unsuccessful because of the duration of the complex, and associated causes. Hypothetical cases were cited and he was repeatedly told that emotional regression was taking place, and that his personality development was being blocked because of his mother attachment. He was urged to take steps immediately to break away, and make a transference of his affections and love life to a suitable object. He was warned that a disintegration of his personality was in progress. It was felt that his mother

might save the situation if her co-operation could be obtained. She was telephoned to come in for an interview. The Oedipus complex and its dangers were explained to her in detail. She appeared very much interested and gave a number of details which furnished additional proof that her son was unconsciously attached to her in a sexual way. She had suspected something of the sort, but ignored it. She stated that she had had several opportunities to remarry, but he always opposed it. She appeared quite anxious to co-operate in every way, but it was evident that she did not fully understand her son's danger. The only hope in this case was for his mother to marry and compel patient to do likewise, and establish his own home. Because of the duration of his mental trouble and very limited insight, the success of this plan is exceedingly doubtful.

The success of his treatment will depend to a large extent upon the development of complete insight into his condition and appreciation of his danger with a determined effort on his part to overcome it. The prognosis is exceedingly doubtful, however, because of beginning disintegration of his personality, and emotional regression, usually described as schizophrenia. It is judged that paraphrenia will eventually result in this case.

The latest information concerning patient is that he has gone to California *with his mother.*

B. THE HOMOSEXUAL COMPLEX WITH EARLY PARAPHRENIA

The homosexual complex results from a refusal of an introverted individual to admit frankly to himself that he is homosexual and an inability to make a satisfactory adjustment. The moral, religious and social censors which have subtlely arisen within him, are directly responsible for the violent emotional and mental conflicts that result. Lack of frankness with himself leads to constant repression of instinctive urges and a resultant failure to make proper adaptations. Numerous bizarre substitutions result. A normal substitution, for example, is some type of artistic or creative work.

The following cases are quite similar in their origin and subjective symptoms and will serve to illustrate the interpretations briefly stated above. Both cases were referred by the Division of Dermatology because of their insistence that their perspiration had a foul odor. They had been thoroughly examined physically in that division, and there was an entire absence of proof to substantiate their complaints.

C. F. is an only child, 20 years of age, single. He left college at the age of 19 in the second year. He was first employed as a physical director for boys in a city department of education. During the past three weeks he has been employed in the bookkeeping department of an automobile equipment company.

During the initial contact the examiner noted that patient was the dementia praecox personality type. A sex conflict of some kind being suspected, it was considered significant that he had left college in the second year; that he had been a physical director for boys, and that he had obtained a new position three weeks ago, and as to how he was getting along with his fellow employees in his present position as assistant bookkeeper. After en rapport and a partial transference were obtained, he stated that for over two years he had felt that people were avoiding him and making derogatory remarks about him behind his back. He often felt in danger and became very nervous and agitated. He had very disturbing dreams and at times walked in his sleep.

His ideas of self-reference became more marked and at times he thought he could hear an occasional threat. He was often in a state of severe anxiety-hysteria with marked disturbance in the autonomic-vegetative nervous system. His physical symptoms only terrorized him more because of his entire lack of insight.

It was brought out that the content of his ideas of self-reference and his occasional transitory auditory hallucination had a definite sexual coloring. The content representing a repressed fear that he would be thought homosexual. He did not have complete insight for this, however, and attributed the unfriendly attitude in his environment to a fancied bromidrosis.

HOMOSEXUAL CHARACTERISTICS

The psychoanalytic problem was to develop insight and apply psychotherapy enabling him to adjust without a violent emotional upset. For want of time an attempt was made to do this before complete en rapport and transference was obtained. He was told that the feeling he had had during the last two years of people avoiding him, and his conclusion that it was due to his perspiration having a bad odor, could be explained by the fact that he was homosexual in his desires and subconsciously felt that others knew it and were avoiding

him, and that he had not yet recognized that fact or admitted it in his conscious mind. He neither denied nor resented the above interpretation, but flushed and smiled in an embarrassed manner. In order to make the admission and his adjustment less difficult, he was then advised to admit frankly to himself that he was biologically or congenitally homosexual, or had become so in early childhood or boyhood. He was further assured that no one in his environment knew of his sexual inclinations and that he should make every effort to conquer the feeling that they were against him.

This type is always informed that there is a large number of homosexuals or inverts who are making a satisfactory sublimation in artistic and creative work, and that many of them are very clever and talented people. This takes away the feeling of isolation and that they are social outcasts despised by all men. He did not return, hence the result of the above psychotherapy is not definitely known. An effort was made to reach him by telephone at his residence. His mother answered, stating that he had secured another position and was getting along very well.

FEELING OF ISOLATION

B. G. is 18 years of age and large for his age. He is an only child. It is quite evident that he is the praecox personality type. He graduated from High school one year ago. Denies any difficulty at home. States that he prefers his mother to his father, but there is no evidence of an Oedipus complex. While attending school he was rather backward socially and took very little interest in the social activities of the school. He had a number of boy friends with whom he was quite friendly and sociable. His crowd cared very little for the opposite sex. States he is quite interested in athletics. He has always admired large men and is quite proud of his physique and his health, suggesting a tendency to autistic love or narcissism. Denies masturbation and sex relations of any type. Admits nocturnal emissions during the last four or five years. The emissions accompany dreams and are "somewhat similar to those dirty jokes you hear in school."

The onset of his present illness was characterized by a feeling that his perspiration had a disagreeable odor and that people avoided him on that account. He first noticed it in October, 1924, during his last semester in High school. He occasionally noticed that when a girl was near him she would hold her handkerchief to her nose and certain boys seem to avoid him, or look at him significantly. This occurred at 9:30 a. m. daily during the recitation period in commercial law and lasted for three weeks. It then became general and every one with whom he came in contact seemed to notice it and avoided him. He was greatly worried, greatly disturbed, and became quite panicky at times. He felt a vague sense of danger, but denies hallucinatory experiences other than olfactory. States that he had been an honor student up to that time, but as a result of the above ideas of reference, he became so worried and confused that he had great difficulty in graduating with his class. He remarked that he "just did get by." Recently he had taken up a business course and the same ideas of reference again became a definitely disturbing factor. He was very much worried and fearful that he would have to give up his course and that he would be unable to succeed at anything.

He came to the Dermatological Division for treatment for bromidrosis and was given a thorough physical examination. It was found that his perspiration had no unusual odor although he insisted that it did. He was referred to the Neuropsychiatric Division for a psychiatric survey and any necessary psychotherapy. While obtaining the above history, patient's personality type was carefully studied and a constant effort was being made to obtain a transference and to establish en rapport, in order that he would talk more frankly concerning his sex desires.

There is sometimes danger of homocide or of suicide in developing insight in this type of case because the most intimate things in the patient's psychic life must be brought to the surface from the subconscious where they are fixed in the form of a complex. It is very essential that transference and rapport be maintained. Extreme tact, tolerance, and broadness of mind are absolutely essential in order to persuade the patient to admit the very thing that he has persistently refused to admit, thereby producing the ever increasing mental conflict due to his determination to repress any and all abnormal sex ideas. A complex, which is a central idea surrounded by a constellation of associated ideas based upon a fear reaction and located in the subconscious, is thereby formed.

The constant effort and struggle of the

complex for recognition and assimilation by the ego results in a more or less severe disturbance in the vegetative nervous system with consequent secondary physical symptoms. These frighten the patient and lead to a secondary fear reaction or an anxiety-hysteria.

The psychotherapeutic method followed was quite similar to that followed in the case of C. F. Similar cases were cited in order that he would not feel isolated and he was warned against further refusal to admit his biological sex urge. He was told that admitting to himself that he was homosexual did not necessarily mean giving in to the urge, but that it did mean that he would be facing facts squarely and no longer fighting an unknown and unseen enemy. He was further informed that the fear element would then be removed, the physical symptoms disappear, and the complex be assimilated by the ego with resultant peace of mind. He seemed much relieved after the above mechanisms were explained to him. They were gone over in detail many times, until it was evident, by his emotional responses, that he had developed insight and was making a mental adjustment. He came to us again two weeks later on reappointment. He no longer complained of his perspiration; stated that he felt much better and was doing better work in school. He had no further fear regarding his associates or his environment. He appeared quite cheerful and happy and stated that he felt he understood himself at last. He did not think it necessary to make another appointment as he felt quite sure of himself.

In the preceding cases the mental mechanism leading to the delusion that they had a bromidrosis which influenced people against them was explained as follows:

They were told that their refusal to admit frankly that they were homosexual resulted in a subconscious substitution of the idea that an offensive body odor was the real cause, for their associates must know that they were inverts by inclination if not by practice. Their conscious minds refused to accept this explanation and the substitution resulted.

As soon as they thoroughly understood this mechanism and made a frank mental adjustment, they recovered from their severe anxiety-hysteria state which would have resulted in a disintegration of the personality and paraphrenia, if not properly treated.

CONCLUSIONS

1. Unless insight is developed and proper adjustment made in these types of cases, a psychosis will probably result.

2. In diagnosing a frank case of paranoid dementia praecox, or paraphrenia, the above mechanism, if intelligently searched for, will usually be found.

3. This type of psychosis is always on a homosexual basis. The Oedipus complex may be confused with it at times, as that complex is an indirect type of homosexuality, and often results in a paraphrenia.

4. It is all important that the above complexes be recognized early and proper treatment given. When the psychosis is once established, the development of insight is more difficult, if not impossible, and psychotherapeutic measures are often useless.

5. The recognition of the symptoms in early childhood, with intelligent neuropsychiatric and co-operative management by parents and by teachers is the best solution of the problem.

6. The Child Guidance Movement, as directed by the National Committee for Mental Hygiene, offers a very practical method of preventing the development of the above abnormal mental states, as well as many others.

7. In writing this paper, no attempt has been made to adhere slavishly to the more dogmatic canons of psychoanalysis. In fact, such adherence has been avoided in the hope that the general practitioner of medicine and qualified laymen may thus acquire a more wholesome attitude toward psychoanalysis and learn to respect it more fully as a special psychotherapeutic method for carefully selected cases, and as a method to be left to those thoroughly trained in its use.

(I am indebted to Dr. Thos. J. Heldt, Physician-in-charge, Division of Neuropsychiatry, Henry Ford Hospital, for proof reading the manuscript and his suggestions for revision.)

A FEW FACTS CONCERNING THE TREATMENT OF CANCER

G. J. CURRY, M. D., F. A. C. S.
FLINT, MICHIGAN

A failure to recognize the real significance of pre-cancerous and early cancerous conditions is one of the commonest mistakes made in connection with the diagnosis of malignant disease. There are certain regions in which these early cancers and precursors of cancer often are manifest to the careful practitioner, notably the

tongue, the female breast, and the uterus. And yet how frequently it happens that a wart or a chronic fissure of the tongue, even in the presence of advanced leucoplakia, is allowed to persist without any treatment at all, or if treated, is dealt with inadequately and without finality.

Local excision without loss of time, followed by microscopical examination of the tissue which has been removed, is essential in these cases, and there should be no excuse for failing to recommend this course to the patient. In quite a large proportion of the instances in which this measure is adopted early malignant disease will be revealed, and the patient will be able to undergo radical operation with an excellent prospect of permanent freedom from the disease. In the female breast it must be recognized that chronic mastitis, galactocoele, and adenoma are not infrequent forerunners of malignant disease, and in women past forty years of age, treatment by excision and microscopical examination seems to be the logical course to pursue. An erosion of the cervix in a middle-aged woman, is also to be regarded and treated as a possible nucleus of cancer.

Another important point to be emphasized is the necessity for having a microscopical examination made of every tumor removed by operation, however simple it may appear, or from whatever region it has been taken. Such examinations entail a little trouble and expense, but they are necessary. This would also apply to the apparently simple naevi, particularly if these happen to be in a location subjected to frequent irritation, as these are sometimes the precursors of malignant melanotic tumors.

An error which is fairly common, is to mistake a secondary deposit for a primary growth. Perhaps one of the common examples is the removal of a malignant pelvic tumor under the impression that it is a primary growth, whereas, it may be secondary to carcinoma of the stomach or of some other organ. Not infrequently also is a secondary deposit in a bone regarded as a primary sarcoma and naturally this would prove to be an unfortunate mistake if it leads to amputation of the limb. The patient may also be put to much misery by an extensive operation to no good purpose following the radical extirpation of a primary growth, when secondary deposits are already present, although palliative measures in inoperable cases of malignant disease may sometimes be neglected. Occasionally extensive operations for the relief of the patient's distress are quite justifiable even when a cure is not apt to be expected. For example, section of nerves in the case of advanced buccal cancer, may be of benefit to the patient.

IMPORTANCE OF BIOPSY

Considering again the question of biopsy in doubtful tumors, the general consensus of opinion at present is to guard against delay between such incision and complete operation. In one situation (breast) the two-stage has sometimes proved to destroy all chances of cure in the more malignant forms of cancer. In other locations (uterus and cervix) this is not so serious, but the ideal is frozen section diagnosis and immediate operation when this gives positive evidence of cancer. There is considered the following exception to this plan, i. e., in the lip, removal of the primary growth complete, rather than incision of, is accepted as safe with dissection of the neck lymphatics at a later date, depending on the report from the pathologist as to the malignant character of the primary growth. A precaution I believe we all should observe in surgical procedures for the removal of cancerous growths is to avoid local dissemination of the material in the wound. To achieve this, we must refrain from cutting into the primary growth itself or into lymphatics glands and other tissues which have become involved. Active dissection should be beyond the limits of the growth.

Mr. W. Blair Bell, of Liverpool, has been treating malignant disease for the past six years with lead, reporting good results in the cases that have been indexed as inoperable. He, however, is of the opinion that much work remains to be done in regard to the discovery of a more therapeutically active preparation of lead which is at the same time less toxic generally. All types of malignant growths are probably amenable to the beneficial influence, provided the metal can reach the malignant cells in sufficient quantity. The Research Department of the St. Bartholemew's Hospital, London, England, has been concentrating for the past year on the Blair Bell technic in the handling of certain types of cancer, and the results have been discouraging. Mr. J. Basil Hume, F. R. C. S., England, has charge of this work at present, and spent considerable time at Blair Bell's clinic learning the details before commencing his investigations at St. Bart's. He has up to the present time used it in twenty humans and two hundred

rats, with very unsatisfactory results. The humans were those classified as inoperable, and the rats were those injected with rat sarcoma. The sarcoma nodule in the latter was well formed at fourteen days, and treatment was started at this point. Some got worse and some better. So did the controls. Treatment was instituted in all stages. There have been numerous recurrences among Blair Bell's 700 cases, and his assistants are less enthusiastic than he is regarding this form of cancer treatment.

The results of surgical treatment of cancer as set forth by G. W. Crile, as a result of observation on four thousand five hundred cases would seem to be quite acceptable for practical purposes.

Skin—Radiation, except in cases of pigmented moles which should be excised.

Buccal surfaces—Mucosae of mouth, excision—early cancer of tongue, cautery—early cancer of lip, radium—late cancer of tongue and lip, excision plus block dissection of glands.

Thyroid—Thyroidectomy plus radiation if operable, decompression plus radiation if inoperable, prevention by excision of foetal adenomata.

Esophagus—Gastrostomy for feeding plus radiation.

Breast—Radical operation. The value of radiation is still doubtful.

Stomach—Resection if operable. Gastro enterostomy if inoperable.

Intestines and sigmoid—Colostomy, plus radical operation if operable. Colostomy, plus radiation if inoperable.

Rectum—Colostomy, plus radiation.

Uterus—Fundus, radical operation. Cervix, radiation. (This also coincides with the opinion of Francis Carter Wood).

Genito-urinary organs—Operation plus postoperative radiation in selected cases.

PAROXYSMAL HEMOGLOBINURIA* —REPORT OF A CASE

JOHN HUSTON, M. D.
ANN ARBOR, MICHIGAN

Paroxysmal hemoglobinuria is a rare disease occurring in individuals with late syphilis, who have in their blood, in latent form, a specific hemolysin, which becomes activated when severe chilling of the individual occurs, producing the hemoglobinuria and, at times, other characteristic symptoms.

Very little is known about the many factors which must play a part in predisposing to the development of the hemolysin in a given individual. The hemolysin is known to occur in only a small proportion of those who might be considered potentially susceptible. Several investigators have found it in from 0 to 15 per cent of patients with latent syphilis, but only an extremely small percentage of these individuals ever develop hemoglobinuria. Basil B. Jones and Chester M. Jones, in their article on this disease in Nelson's System of Medicine, found some 150 cases in the literature. In reviewing about 156,000 records of the Massachusetts General Hospital, they found 9 cases of this disease. At the University of Michigan hospital, one case has occurred among the 60,000 patients admitted since July, 1925. As a rule, an unusual combination of circumstances must be present to produce the initial paroxysm but, once having appeared, subsequent attacks usually occur with less provocation.

Adequate treatment of the early stages of syphilis would appear to be the principal preventative measure. Since exposure and severe chilling of the body surface are important factors in initiating the paroxysms, the logical course for susceptible individuals is to avoid such conditions. The case I wish to present illustrates most of the features of this unusual disease.

C. K., white—age 47—native of Poland—widower—automobile laborer, came to the University Hospital on November 10, 1926, for examination, complaining of a persistent cough of some eight months' duration; slight hemoptysis on several occasions and progressive loss of strength. He had lost very little weight, his appetite had remained good, the sputum was very scanty and the degree of fever, if present, had been slight. His wife had died some weeks preceding the onset of his present illness of pulmonary tuberculosis.

Physical examination, on entrance, showed lung changes indicative of tuberculosis and these findings were confirmed by X-ray. Other changes noted on examination were marked general cyanosis associated with extreme coldness of the hands and feet, slight clubbing of the fingers and sluggish pupils.

On the morning the patient appeared for the above examination, he drove from Detroit in his car. A breakdown occurred on the way, which caused about an hour's delay during which time the patient was severely chilled and shook violently. At this time he noticed that his hands and feet were numb and felt lifeless. This sensation persisted until he reached the hospital some one and one-half hours later, and the vasomotor changes in his extremities were noted on examination.

About one hour after the severe chill, he passed some very dark urine. Upon entrance to the hospital, his urine was still very dark-colored. This specimen was described as being dark-reddish-brown in color. Reaction was acid. The specific gravity was 1.022. There was a slight trace of albumin noted, but no sugar. The sediment contained no red corpuscles, 30 white corpuscles per low power field, rare granular casts, epithelial debris and mucous shreds. Benzidine and guaiac tests were strongly positive for blood. A second specimen some three hours later was essentially

* From the Department of Internal Medicine University of Michigan Medical School.

the same, although of a lighter color. Spectroscopic examination of this specimen showed the presence of oxy-hemoglobin (Dr. Young). A fourth specimen was secured the following morning (14 hours later) and was entirely normal. A long series of subsequent urines were entirely negative for hemoglobin.

The past history was entirely negative for previous attacks of a similar character. No history of venereal disease was obtained. Some five years previously, he had been confined to bed for about seven weeks with a severe infection of his right foot which had followed a rat bite.

The patient was admitted at once. He was under close observation for the following two and one-half weeks. Urinary studies were consistently normal. Temperature and pulse were normal. Repeated sputum examinations were negative for tubercle bacilli. The blood Wassermann was reported four plus. This was corroborated by two subsequent tests. The blood on entrance was as follows: hemoglobin (Sahli) 80 per cent; red blood cells, 4,000,000; white blood cells, 12,000. The blood smear was normal, platelets, 220,000; bleeding time 4½ minutes; clotting time, 2½ minutes.

While under observation, repeated attempts were made to produce another attack of hemoglobinuria. All were uniformly unsuccessful. The procedures carried out were briefly as follows:

One hand was immersed in ice water for five minutes. The urine was collected after one hour and examined for gross and occult blood with negative results. The same procedure was tried and blood bilirubin determinations made before and after one hour after immersion without any evidence of hemolysis. Other attempts were made with larger areas of the body, until finally, the patient was immersed in water at 40° F. for three minutes, sufficient time to produce definite chilling. There was no hemoglobinuria after one hour and no increase in the blood bilirubin.

After two and one-half weeks of observation, the patient was transferred to the Tuberculosis unit, where he continued to improve during the next two and one-half months. While there, he received a course of 40 mercury rubs in addition to the usual tuberculosis regime. The use of arsphenamine and iodides was considered questionable in view of his pulmonary condition. Since discharge, the patient has been under the supervision of the Detroit Department of Health and has done well. There has been no recurrence of the hemoglobinuria.

DISCUSSION

The unusual feature in this case was the resistance encountered experimentally in attempting to produce further paroxysms which is contrary to the usual observation that after the initial attack, the condition may be precipitated by lesser degrees of exposure. The failure to do so in this case probably illustrates why the disease is so rarely seen in the presence of a considerable number of potentially susceptible individuals. The combination of circumstances must be just right for the hemolysin to destroy the corpuscles. While exposure is undoubtedly a major factor, it alone will not produce paroxysms. In this particular individual, the lowered constitutional resistance associated with his tuberculosis undoubtedly favored the development of the syndrome under unusual exposure. The subsequent failure to produce paroxysms under experimental conditions probably indicate that future attacks will occur only under unusual circumstances, if at all.

SYPHILITIC EXOPHTHALMIC GOITER

VIGGO W. JENSEN, A. B. M. S., M. D.
SHELBY, MICHIGAN

Syphilitic affection of the thyroid gland is a rare clinical entity, but exists in two types; hypoplastic and exophthalmic, and either type may be of congenital or acquired origin. The hypoplastic type is characterized anatomically by adenoma-like structures of great bulk, and functionally by cretinoid states. The congenital exophthalmic goiter is represented in the literature (1) by five cases, all occurring in the same family. It may be questioned that they are true examples of exophthalmic goiter rather than samples of extensive cord syphilis because all of the five patients mentioned had tabetic cord changes. The number of syphilitic infections, resulting in typical toxic goiter syndrome collected from the literature (2) to date was 20 authentic cases.

The symptomatology of syphilitic exophthalmic goiter does not differ from classical goiter; the enlargement of the thyroid gland was present in five of the 20 cases quoted above; tachycardia, i. e., a heart rate of 120 or more per minute was present in all, likewise tremor, and exophthalmus, unilateral or bilateral. The initial onset is usually insidious. Of the 20 cases mentioned, three had a sudden onset of symptoms, 4 only had associated nasopharyngeal lesions, but 13 had a gradual onset. The eruption of symptoms after the primary sore, when a history of such were obtained, had a latency period between the extremes of 10 months and 23 years; likewise, the age incidence is a variable between 18 and 62 years.

The histo-pathology is described (4) by Dr. Frank Smithies, (to our knowledge the only instance on record), in his case as "chronic inflammation and characteristic gummata were present". The Wassermann reaction was positive in 7 of the 20 cases. The remainder, 13, were reported before the advent of the serologic reaction

of Wassermann. The case here reported had a four plus Wassermann reaction.

The metabolism reading was 3 per cent plus in the author's cases. The only other metabolism reading recorded, 46 per cent plus, was in the case of Dr. Frank Smithies. What the reading was in the other 19 cases is not known because no data relative to this question is recorded.

Antisyphilitic remedies are usually successful in relieving the symptoms, but this apparently is not a universal experience for (3) Dr. Santon points out that two varieties of syphilitic goiter may be recognized: namely, early syndromes which are greatly benefited by treatment, and late syndromes which are very resistant to treatment.

ILLUSTRATIVE CASE

The following is a report of a patient of personal observation: Mrs. A. H., age 33, housework, American, M., complains of loss of weight, dizziness and weakness, nausea and vomiting. Loss of weight has been noticed since about six months ago, but more marked lately. Dizziness and weakness has been present about the same length of time, the former is worse during bodily motion; the latter is worse at night, but present on arising in the morning. Nausea and vomiting has been present since two years ago following an attack of influenza, and may come on at any time.

Past History: "Influenza" two years ago; "Gastritis" during past year. Menstrual: Periods regular; quantity, fair; duration, four days; pain, none; pregnancies, three. One 13-year-old boy living, one died shortly after birth, following instrumentation. One died 11 months old, during epidemic whooping cough. No miscarriages.

General: Head hair coming out by handful. Headaches are frequent, come on shortly after arising, located in occipital region or low down in neck between shoulder blades. Eyes: For about two years has had to wear glasses because of weak eyes. Throat, nearly always dry. Chest: Substernal distress constant, no coughs, no expectoration. Heart: Conscious of pounding action which is worse on exertion or stooping, and slight dyspnea.

Stomach: Appetite, poor; no pain, vomits anytime, no blood seen in vomitus.

Bowels: Constipation the rule, but has "diarrhea-like", attacks especially this past year, which last two and three days and apparently have no relation to food.

Nutrition: Loss of weight constant, one month ago weighed 118 pounds; best weight, 146 pounds.

P. E. A young woman of apprehensive mien, squirming about in chair, with marked trembling of hands and fingers and tremulous voice.

Mouth: Mucous membrane of pale color, tongue smooth, tonsils appear normal. One carious tooth. (Innocent).

Eyes: Slight widening of palpebral fissure of left eye, also slight lagging of the upper lid.

Neck: Smooth; thyroid barely palpable.

Heart: Precordial pulsation very rapid and diffuse at apex; rate 144, rhythm regular. Soft systolic murmur over apex not transmitted. Muscle sounds of good quality. Pul. and aor. sec. negative. No murmur in neck. Sys. 140, Dia., 110.

Skin: Marked dermographia obtained anywhere.

Reflexes: Tremor of hand very marked, and here and there individual spasmodic contraction of muscle fibers. Brachial and Patellar reflexes very exaggerated. Temperature normal. Urine negative; weight 106 pounds.

At subsequent examination following data was obtained: October 2, 1927. Small nodule in border of latissmus muscle, apparently lipoma. No lymphatic enlargement anywhere. Urine negative. Blood picture: Hgln.—Sahli. 40 per cent. W. C. 4, 400 R. C. 3,400,000. Diff. count P. N. 45 per cent S. L. 43 per cent, L. L. 11 per cent.

October 25th, 1927. Metabolism determination 3 per cent plus, Hackley Hospital. Blood sugar 120. Eyeground examination by ophthalmoscope showed in both eyes, multiple fan-shaped red-like areas of pigmentation. First husband died four years ago of rheumatism and curvature of the spine.

November 4th, 1927. Weight 101¾ pounds. Wassermann 4 plus, Grand Rapids. Wassermann 4 plus, from Lansing, November 8th, 1927.

Diagnosis: Syphilitic toxic goiter.

Active simultaneous anti-syphilitic treatment in the form of neoarsphenamine 0.9 gm. at four-day intervals alternating with Bis. 0.2 gm. intermuscular, worked wonders. In ten days she gained 13 pounds and after three arsphenamine injections the heart rate returned to normal, hair ceased falling out, her vision improved, tremors slightly present on the left hand and dermographia slight.

SUMMARY

1. Exophthalmic syphilitic goiter is a rare clinical entity.

2. The Wassermann reaction is positive in those cases reported in whom it has been carried out.

3. The metabolism reading may, judging from results obtained in two patients, be normal or definitely increased.

BIBLIOGRAPHY

1. Ernest Schulman, M. D.: Diagnosis and Treatment of Syphilitic Exophthalmic goiter. Medical Journal and Record, September 17th, 1924. Vol. CXX No. 6 pp. XC.
2. Ernest Schulman, M. D.: Syphilis of Thyroid, International Clinics, Vol. 4, p. 126—1924.
3. Dr. Santon, Journal des Practiciens, January 5, 1915.
4. Dr. Frank Smithies, Annals of Clinical Medicine, Vol. 1, No. 6, May 1927. "Certain Considerations of Thyroid Disease from the Standpoint of Etiology, Diagnosis and Clinical Management.

THE DOCTOR IN THE LEGISLATURE

RICHARD W. McLAIN, M. D.
QUINCY, MICHIGAN

Medical legislation is a matter of very recent years. Some of us could write its complete history from personal knowledge. Our life span covers the period during

which any important medical laws were passed. The matter of regulating the practice of the art of healing should be one of the primary and fundamental acts of any people in its social regulation.

The recent waves of crime and insanity and feeblemindedness demand the services of trained men, not only to discover the cure, but the proper regulation whether by segregation, isolation, sterilization or execution. One can see that these are the fields demanding men trained in general medicine, having knowledge of circumstances and facts pertaining to their regulation.

That these are very grave problems for which a solution must be sought, there is no doubt. They demand expert legislation as well as medication. They are conditions of sickness and disease equal to, if not worse than smallpox, diphtheria or tuberculosis, for these get well or die, while the insane and criminal live on forever. The former diseases may scourge society, but the latter scourge and outrage it.

PHYSICIANS IN THE LEGISLATURE

There should be more medical men in the Michigan legislature. Wayne County has twenty-eight members none of whom is a medical man. Every question of legal procedure of judicial nature is left to the committee on Judiciary, but medical subjects are left to laymen or to druggists. The legal profession have enough representation to demand and command for themselves, and the same is true of every social phase except medicine. The dignity of our profession is dragged through the mud of slimy politics during the trading days at the close of the session. I refer especially to the appropriation for the University of Michigan.

Such vastly important matters as the University of Michigan and other state institutions are compelled to trade the votes of their supporters for the votes of those who represent selfish interests or matters of far less import. Of course the physician will say he can't afford to attend the legislature; neither can I. I wonder if you thought to vote more pay for members of the legislature so you could afford to go if called. You could not afford to go to war but went; which service the more needful is for you to decide.

So far we have said nothing of the regulation of the profession itself. There are no "Issues" in the legal profession. It sees that laws are passed safeguarding its welfare. Medicine is full of cults and more clamoring to get in, while the long suffering public feels their lack and inefficiency. No one should be permitted to practise the healing art who has not had a course in general medicine. Just to require the basic sciences is in my opinion not enough unless it includes the science of drug healing. Needless routine and theory should be eliminated from medical courses to make room for the practical. The course should include everything of merit in relief of suffering whether drugs, surgery, mechanotherapy or sunlight.

The public recognizes the chiropractor but does not realize its incompetency. Members of the Health Committee said, "they are here, why not regulate them?" And why not?

NOTE—Dr. Richard W. McLain is a member of the House of Representatives and a member of the following standing committees: State Psychopathic Hospital (Chairman, Liquor Traffic, Elections Committee, Judiciary and State Affairs. This paper is a plea for more physicians as members of the legislature. If the public could be made to understand this, it would be a great thing in their favor to have adequate representation of physicians in the legislature at Lansing. In this age of preventive medicine when each year sees important medical legislation proposed, it is highly necessary that such legislation should be passed by men competent to do so. There is a technical side to all legislation whether medical or otherwise which could be greatly improved were it to be passed upon by a committee of experts. The State in its broadest sense recognizes scientific medicine, therefore, everything that pertains to the healing art should be submitted to a committee of persons who have been trained by the commonwealth. This committee could be made up of chosen members of the Michigan State Medical Society or of the State University, or of medical members of the legislature if a sufficient number were available to form such committee. Probably Dr. McLain's suggestion would be best, in as much as if there were adequate representation of doctors in the legislature they could constitute a legalized standing committee on health affairs.—Editor.

PHYSICAL THERAPY AND ITS ADJUNCTIVE VALUE IN MEDICINE AND SURGERY

JOSEPH E. G. WADDINGTON, M. D., C. M.
DETROIT, MICHIGAN

Despite official recognition by the American Medical Association through the creation of a Council on Physical Therapy; the requirement by the American Medical College of Surgeons that every officially recognized hospital must be equipped with a physical therapy department; and the enthusiastic response of the profession to the persuasive wiles of the purveyors of physical therapy apparatus and appliances,

such therapy is being quite voluntarily discredited by superabundant enthusiasm on the one hand and ultra-conservatism on the other. Only by dispassionate, common sense appraisal of the clinical results ascribed to physical therapy, and of the theories or physics underlying each and every agency so comprehensively embraced within this therapy, can the truth, the whole truth, and nothing but the truth prevail. The imperfectly trained enthusiast is prepared to believe that physical therapy is all but sufficient unto its therapeutic self, needing scanty—if any—assistance from drugs or surgery; just as fatuously, and tragically, does the strictly conventional medicationist and surgeon eschew such apparent—to him—therapeutic chimeras as electro and photo-therapy, in particular. Contempt, anger, or self sufficiency never yet did predispose to clear judgement. The X-ray, hydrotherapy, massage, exercise, both active and passive, are recognized adjunctive forms of valuable treatment but—possibly on account of their thoroughly established position—it would appear as if such integral components of the physical therapy integer were not generically recognized as such.

PHYSICAL THERAPY ATTESTED FACT

The healthful and recuperative powers of sunshine and fresh air are apparent to all, but possibly not equally well recognized as integrants of a physical or natural therapy integer. Subconsciously we may possibly appreciate all this, but conscious reaction to such knowledge can only be concretely and constructively expressed by complete recognition of the fact that physical therapy is only valuable and serves a desirable purpose insofar as it satisfactorily substitutes for otherwise unattainable, natural healthful requisites attributable to the use of exercise, sunshine, fresh air, heat, and water. The beneficial results attainable from some one or more forms of physical therapy are so indubitably attested by Government hospitals, various sanatoria, and numerous private clinics—both here and abroad—that it simply requires judiciously exercised common sense in conjunction with scientific research and practical experience in order to make this therapy generally and popularly available. Crile's experiments have shown that surgical shock is largely determined by cooling of the liver incident to abdominal exposure; diathermy during operation is now recognized routine procedure at the Cleveland Clinic, and also post operatively employed if shock supervene. Stewart has so conclusively proven the worth of diathermy in the treatment of pneumonia that it is now a routine application in many hospitals. The reconstructive effects of the ultra-violet and infra-red portion of the sun's spectrum upon rickets and other disorders of malnutrition need only to be mentioned, to emphasize the need for conveniently available substitutes for the scantily available sunshine.

REHABILITATION CLINICS

Rehabilitation and industrial clinics, attached to practically every large industry where accidents are of frequent occurrence, attest to a time and money saving appreciation by the none too sentimental or impressionable business world. So remarkable is the economic saving ascribable to physical therapy that the Aetna Life Insurance Company cheerfully expends thousands of dollars to support such a clinic entirely free for their incapacitated policy holders. The electric scalpel or "cutting current", though surgical in application, is a physical therapy evolution; and conservative surgeons like Kelly of Baltimore and Clark of Philadelphia are employing it to the exclusion of the knife where such a bloodless eradicator and non-disseminator of infection may be pre-eminently preferable.

Convalescence after any severe medical or surgical experience necessarily implies impairment of one or more of the vital functions and an inability to secure the normal amount of healthfully indicated exercise; mechano-therapy appliances, wave and sinusoidal currents, static electricity, are only conveniently and comfortably applicable forms of physical therapy which are flexibly adjustable to any and all needs for exercise— local or general, active or passive.

Heat is universally esteemed as an essential adjuvant to both surgical and medical administrations; diathermy, radiant heat and light lamps, and infrared generators, are only more scientifically correct and precisionally valuable means of administering desired heat than the more popular but far less effective poultices, fomentations, hot water bags, electric pads, and various other convective and conductive sources of inferior thermal response. Stimulation or sedation, as respectively indicated, whether constitutionally or locally, is easily and naturally induced by means of some one or other of the numerous forms of electrically induced heat, static electricity, galvanism, high frequency currents, or

low volt induced currents; direct and indirect bactericidal and metabolic effects may be secured by some form of electrically thermal energy and ultra-violet radiation.

The electro and photo therapy integers of physical therapy being less appreciatively cognizable than those initially referred to, I have more specifically alluded to these former, but all the various component parts of physical therapy are to be considered simply and solely as natural and essential adjuvants to indicated surgery and medication; just as these latter are to be or should be considered as simply adjunctive to indicated physical therapy.

CO-OPERATION FORCES

The internist, surgeon, specialist, all alike are dependent one upon the other; no one can isolatedly boast that his special field of ameliorative or curative endeavor is supremely successful; only by and through the help of each other can the optimum of desired health be laboriously attained. Every medical man can and does personally apply some more or less simple or complicated physical therapy agency or agencies in his daily practice, but physical therapy—like the practice of medicine itself—is too voluminous a field for every physician to expect to personally qualify in all its intricate phases. He consequently should acknowledge that scientific physical therapy involves far more than the simple prescribing of fresh air and exercise; or even the occasional administration of some electrical, mechanical, or phototherapy appliance; that even a well equipped office does not necessarily imply a correspondingly well equipped mind; and, lastly, that the physical therapist should be a thoroughly experienced physician thoroughly trained to recognize when and when not physical therapy may be adjuvantly or non-adjuvantly indicated.

DR. ANGUS McLEAN HONORED

Made Honorary Professor of Military Surgery and Medicine in the Military School at the University of Warsaw, Warsaw, Poland.

On March 20th a large number of the members of the medical profession and other personal friends of Dr. Angus McLean of Detroit assembled in the auditorium of the Wayne County Medical Society, the object being to witness the presentation of a medal to Dr. Angus McLean from the Military College of Medicine and Surgery of the University of Warsaw, Warsaw, Poland. The medal is an emblem of Fellowship in the Polish Brotherhood of Military Surgeons. Dr. McLean was elected to this honor about a year ago while serving as one of four representatives from the United States at the International Congress of

Angus McLean, M. D.

Surgery, Medicine and Pharmacy, which was held at Warsaw, Poland, in June of 1927.

The presentation of the medal was made by Wladyslaw Kozlowski, Polish Consul located in Detroit. Consul Kozlowski read a letter from Dr. Stanislaus Rouppert, Chief of the Sanitary Staff of the Polish Army, conveying the medical as well as the greetings of the Polish military surgeons to Dr. McLean. The Polish Consul reviewed at length the history of Poland.

Dr. Andrew P. Biddle reviewed the career of Colonel McLean in an address which is here presented in full. Dr. Biddle was introduced by Dr. G. Van Amber Brown, President of the Wayne County Medical Society.

It is with pleasure that I respond to the request of the President to say a few words on the occasion of the presentation of a medal to Dr. Angus McLean by the Consulate of the Republic of Poland in commemoration of his appointment as Honorary Professor of Military Surgery and Medicine in the Military Medical School at the University of Warsaw, Warsaw, Poland; first, because of a lifelong friendship with Dr. McLean; secondly, because I believe that such recognition, as the presentation of the medal, should be given before such a body as this, of which he is an honored member; thirdly, because as one long familiar through family and personal connection with things military and naval, I appreciate what such recognition means to the military recipient; and, fourthly, because my own naval and military life was linked with theirs and probably their association with me was the first relation-

ship of Dr. Angus McLean and especially of his brother, Dr. Allan D. McLean, with the Army and Navy.

I shall not dwell upon the large amount of work done by Dr. Angus McLean in the organization of Base Hospital No. 17, the Medical Unit of Harper Hospital, as you are as familiar with that record as I am, but for the purpose of this evening's ceremony, shall confine myself to the official records of those Allied countries which have honored him; but before doing so shall say a few words of the younger brother, personally known to many of you. When the Spanish-American War broke out in 1898 and the Michigan troops rendez-voused at Island Lake, Governor Hazen S. Pingree honored me with the appointment of Major and Surgeon of the 31st Michigan Volunteer Infantry. I took Dr. Allan D. McLean with me as Chief Hospital Stewart and he served with the troops until they were discharged, winning his Commission in October of that year. It was this service, I believe, which first won his determination to enter the Naval Service, in the Medical Corps of which he has gradually risen in grade until he has now reached the rank of Captain, a grade corresponding to that of Colonel in the Army. When the American Peace Commission met with the Allied Powers in Paris he was appointed Surgeon to the Commission by the President of the United States.

Taking up the bestowal of recognition in chronological order, is first Dr. Angus McLean's appointment to head the Commission to Italy, November, 1917. The result of that work is embodied in a report of the Chief Surgeon of the A. E. F., France, "on observations of the Medico-Military organization of the Italian Armies, in the month of October, 1917, by a committee who, upon the recommendation of the Chief Surgeon of the A. E. F. in France, were permitted to visit these organizations. The time allowed for the tour was 14 days." The report is signed by First Lieut. Bror H. Larsson of our profession, M. O. R. C.

Secondly, the letter from M. W. Ireland, Surgeon General, U. S. Army, under date of May 30, 1918, in regard to the treatment of the wounded British to "Colonel McLean with the higher medical authorities of the British Army:

"The professional results achieved in treating these 600 British wounded were not excelled by any other hospital in the A. E. F. You may well point with pride to the fact that, although many of them were severely wounded, all but one recovered, and he had been so hopelessly shot through the lung and infected before admission as to be practically moribund when he came under your control.

"It also spoke volumes for the discipline and self-sacrificing devotion to duty on the part of your command that when it became necessary to transfuse many of these wounded because of hemorrhage you always had more voluntary donors than were necessary.

"Instead of waiting until the commendation received from the British could be located I thought it better to send you this personal statement in order that you may unreservedly incorporate in any report or history you may now be preparing on the operations of your unit in France, that the British and American authorities keenly appreciated, and at the time officially recognized, the valuable services rendered by your unit in the emergency above described.

"In conclusion ,as an Ex-Chief Surgeon of the American Expeditionary Forces, may I not add my own personal appreciation and thanks for the splendid work so uniformly performed by you and your associates of Base Hospital No. 17?"

The letter of appreciation from King George: Buckingham Palace, Col. Angus McLean, U. S. A., M. C. The Queen and I wish you God-speed, and a safe return to your home and dear ones.

A grateful Mother Country is proud of your splendid services characterized by unsurpassed devotion and courage.—George R. I.

The bestowal of the Legion of Honor of France on the recommendation of General Robert Duplessis, Commanding General of the District of Bourgoyne, Nov., 1928.

The order to accompany the Presidential Party on its return to America, February, 1919: "American Commission to Negotiate Peace, Paris, February 3, 1919. *From:* Rear Admiral Gary T. Grayson, M. C., U. S. Navy, *To:* Chief Surgeon, A. E. F. (through G. H. Q.) *Subject:* Transfer of Colonel Angus McLean, M. C., U. S. Army. It is requested that Colonel Angus McLean, M.D., U. S. Army ,of Base Hospital No. 17, now relieved from duty and awaiting transportation to the United States, be assigned to duty to accompany the "Presidential Party" leaving Paris for Washington, D. C., on or about February 15, 1919, sailing on the "George Washington", from Brest, France. Signed, Rear Admiral Gary T. Grayson, M. C., U. S. Navy, Aide to the President of the United States.

You are relieved from further duty with Base Hospital No. 17 and will proceed to Paris, reporting upon arrival to Rear Admiral Gary T. Grayson, Medical Corps, U. S. Navy, for the purpose of accompanying the Presidential party to the United States. You should report to Admiral Grayson before February 15th. When your services are no longer required by the presidential party you will report to the Adjutant General of the Army for further orders. The travel directed is necessary in the military service. Acknowledge receipt. Davis 6:25 P. M. True copy, T. K. Gruber, Captain M. C., U. S. Army.

The letter of appreciation from the Commander-in-Chief of the American Expeditionary Forces, General John J. Pershing: "American Expeditionary Forces—Office of the Commander-in-Chief, April 20, 1919. My dear Colonel: I wish to express my appreciation of the valuable servicies which you rendered the American Expeditionary Forces. As Commanding Officer of Base Hospital No. 17, at Dijon, you displayed marked ability for organization and administration. The efficiency of your unit reflects great credit upon you. Through the excellence of your service, it functioned properly at all times, caring for hundreds of our sick and wounded soldiers. I regret that I was not able to thank you personally before you returned to the United States. Believe me, Colonel, Very sincerely, John J. Pershing. Colonel Angus McLean, M. C."

His appointment as Honorary member of the Federation of Soldiers and Sailors of France by the Foyer of the City of Dijon, where the Base Hospital No. 17 was quartered, September 15, 1919.

The recommendation of the Surgeon-General of the Army for the Distinguished Service Medal: "Colonel Medical Corps, U. S. Army. As director of the professional services and later as commanding officer of Base Hospital No. 17 and surgical consultant in hospital formations at the front, by his tireless energy, great resourcefulness, and brilliant professional attainments he rendered services of inestimable value in the care of the sick and wounded of the American, British, and French Armies, thereby contributing materially to the success of the American Expeditionary Forces."

To show his humanitarian side, the thanks of the Red Cross of Germany for his valued assistance in raising funds for the relief of the War Orphans of Germany, 1924.

And lastly, his appointment by the President of the United States on the recommendation of the Surgeon-General of the Army as one of four members from the United States to the Fourth International Congress of Military Medicine, Surgery and Pharmacy, at Warsaw, Poland, May 30th to June 7th, 1927, and his appointment as Honorary Professor of Military Surgery and Medicine in the Military Medical School at the University of Warsaw.

With such a record, Mr. Consul, I have the honor to present to you Dr. Angus McLean, late Colonel, Medical Corps, U. S. Army, for further distinction at the hands of the Army Officers' Medical School in Poland.

Dr. McLean's acceptance of the medal was greeted by applause by the audience who arose en masse. The doctor made a suitable address of acceptance.

FREUD AND THE FREUDIANS

Freud as a man of science is a different man from Freud as a man of literature and philosophy. Examining him first as a man of science, we come to the conclusion that he is not a man of science, and it is only by the chance of his profession that he is classed as a scientist. Indeed he himself has recently cut himself out of science by embodying his doctrines under the name "metapsychiatry." Psychiatry is a branch of medicine dealing with mental diseases, and as such aims to be scientific, albeit the aim has not yet reached its target. It is a confession that his doctrines cannot be judged.

In fact, there are very much more valid earmarks which indicate that the Freudian followers are not scientists. You may establish very easily the stigmata by which you shall know science and the scientist, and, conversely, by which you shall know what is not science and the not-scientist. The scientist, in enunciating a doctrine, is careful to state that it is a working hypothesis; the not-scientist enunciates his beliefs with the unction of theology. The scientist himself produces evidence to the contrary of his doctrine, seeks to meet the objections, and laboriously reaches the conclusion that his doctrine meets the tests. The not-scientist either does not cite the arguments against his case at all, or dismisses them with scorn and contumely. The scientist tests his doctrine statisticaly; he uses statistics, controls and cites a sufficient number of cases before he states his conclusion. He avoids the fallacy of the positive instance, knowing well that you can prove anything you please by citing only those cases which favor your side. The not-scientist cites only the positive instances, only the cases which seem to favor his assumptions, never by any chance recounts his failures, and gives no inkling that he has ever heard of statistical method by which chance and error are eliminated. In short, he uses the same kind of tactics that the man on the street corner uses to prove his point, namely, by loudly shouting that he is right, misstating cases, and generalizing in a slender-minded way on a single case.—Dr. Abraham Myerson (Plain Talk).

YOUTHFUL CHRISTIAN SCIENCE

He was only a little fellow, of not more than four years, as he entered the grocery store, his bare feet made such a slight noise that another customer who had just been waited on didn't know of his presence until she turned to go and stepped squarely on one of his small toes.

"Oh, dear, did I hurt you?" she sympathized as she realized her carelessness.

"Gee, no, I'm a Christian Scientist," came the reply, as the boy clasped the injured member in both hands and hopped about on his other foot.—Illinois Medical Journal.

ACCORDING TO INSTRUCTIONS

The merchant was reprimanding one of his clerks severely for cheating a new customer.

"But, sir," said the clerk. "You said you wanted your business run according to the Bible."

"I do," said the merchant, "But you wouldn't call cheating going according to the Bible, could you?"

"Well," said the clerk, "Doesn't the Bible say, 'She was a stranger and I took her in'?"—Illinois Medical Journal.

MICHIGAN'S DEPARTMENT OF HEALTH

GUY L. KIEFER, M. D., *Commissioner*

THE HEALTH OFFICER'S MANUAL

(Concluding Installment)

IX. EXCLUSION FROM SCHOOL

1. Definition:—

For the purposes of these Rules and Regulations the words "exclusion from school" shall mean that the persons so designated shall not enter any public or private school and that they shall be kept in their own homes under such restrictions as are designated in these Rules and Regulations as an *isolation.* This exclusion from school and restriction of movement and contact of a person in isolation shall continue for such specific periods of time as are required by these Rules and Regulations for each specific disease.

2. Exclusion for Disease:—

a. Quarantinable Diseases—Any school child who has a quarantinable disease and has been in quarantine for that reason shall be excluded from school for one week after leaving quarantine. The quarantinable diseases are diphtheria, scarlet fever, poliomyelitis, meningitis and smallpox.

b. Placardable Diseases—Any school child who has any of the placardable diseases, viz., measles, whooping cough, mumps, chickenpox, German measles, shall be excluded from school for the periods designated by these Rules and Regulations for each specific disease. Inasmuch as mumps, chickenpox and German measles have almost no serious complications or after-effects, many cases occur not seen by physicians. Because of this many school boards require assurance that children who have been out of school with these diseases are not in an infectious state when they return to school. This assurance is had in many schools by requiring a certificate from the family physician that the child is not in an infectious state. In schools having adequate school inspection children returning to school after having these diseases are not allowed to attend their classes until they have been examined by the school physician and found not to be in a contagious state.

c. Other Diseases—Impetigo, scabies, favus, pink eye, pediculosis (lice and nits). Any school child who has any of these diseases shall be excluded from school under the following conditions. They shall be excluded until they come to school with evidence of being under treatment that will limit their infectiousness and are not a menace to the other children.

3. Exclusion of Well Children:—

a. When a quarantine is established in a home, school children *not* known to be immune who are living in that home must either remain in the quarantine or go into isolation in another home for a period of one week (17 days if the disease is smallpox). After one week in isolation as defined in these Rules and Regulations, the child may return to school, provided he has no signs and symptoms of any contagious disease.

b. When a quarantine is established in a home, the children who are known to be immune to the disease, as defined in these Rules and Regulations, may be instructed, disinfected and released to live elsewhere and need not be excluded from school at all. If the quarantine is established for diphtheria it is recommended that the immune school children have throat cultures taken the same as all other persons exposed to the disease. If this culture is found positive a virulence test should be asked for at once.

c. When an isolation is established in a home, the school children *not* known to be immune, as defined in these Rules and Regulations, living in a home where there is a case of a placardable disease must be excluded from school for the same period as the case.

d. When an *isolation* is established in a home the school children known to be immune, as defined in these Rules and Regulations, living in a home where there is a case of placardable disease need not be excluded from school at all. The placardable diseases are measles, whooping cough, mumps, chickenpox, German measles.

These Rules and Regulations define immunity to these diseases as being established by a person having had one of these diseases and having recovered from it, provided this fact was made a matter of official record with the local board of health at the time of the illness.

e. Other Diseases—School children living in a home where there is a case of im-

petigo, scabies, favus, pink eye or pediculosis (lice and nits) need not be excluded from school but should be subjected to daily inspection so that they may be referred to their family physician as soon as any of the symptoms of any of these diseases are manifested.

4. Exclusion from School for Symptoms of Disease:—

a. When children are found in school with any definitely diagnosed contagious disease, they shall be excluded from school and subjected to such means for the prevention of the spread of the disease as is required by these Rules and Regulations.

b. When school children attend school with any of the symptoms that might be symptoms of a contagious disease, these children may be excluded from school *for the day*. This "exclusion for the day" should be followed by a notice to the family and the family physician in turn, be notified of the facts of the case. On the following day if these symptoms have disappeared or the family physician advises the school teacher that the symptoms that were the basis of the exclusion were not symptoms of a communicable disease, the child should be readmitted. If the child "excluded for the day" attempts to re-enter school with the same symptoms for which he was excluded, this matter should be called to the attention of the family physician or the physician representing the school board. The most common signs and symptoms which are signs and symptoms of the onset of the common communicable diseases among school children are (1) sore throat, (2) headache or fever, (3) rash or skin eruption, (4) persistent coughing and sneezing, (5) inflamed eyes or abnormal discharge from the nose.

5. Epidemic Procedure:—

a. Closing schools during an epidemic is not good public health practice. It is much better to have the children assemble at the school and to give each one a careful physical examination before the school opens for the day. Any child should be excluded who has any of the signs or symptoms that may be signs and symptoms of any communicable disease. This exclusion shall be for the day only. The following day a true diagnosis of the contagious character of the malady usually can be made. If doubt concerning the true nature of the condition still exists, a second "exclusion for the day" may be applied to the case.

b. For re-admission after an exclusion for any cause or after any absence of three days or more, some school boards require a certificate from a physician.

SCARLET FEVER IMMUNIZATION IN ZEELAND

Children in the public schools and the Christian school at Zeeland are being immunized against scarlet fever by local physicians, the second immunizing injections being given on March 23 and 24. About 270 pupils were treated. These second injections consisted, each, of 3,500 skin test doses except in the case of pupils in the kindergarten and the first grade and in a group of about 30 pupils who showed marked susceptibility by the previous Dick test. In these instances only 2,500 skin test doses were given.

Some reactions were reported, consisting of nausea and vomiting, in some instances accompanied by diarrhea. As a whole, the reactions were of short duration, lasting from one to three hours. They began in from one-half to three hours after the administration of the toxin.

Following the first injections, one mother reported that her child had developed a fever and an eruption which had persisted and formed scabs, and that she did not wish any more injections to be given if such reactions were to be expected. Upon investigation, it was found that the child had a well developed case of chickenpox.

DR. DEACON ON LEAVE OF ABSENCE

Dr. W. J. V. Deacon, Director of the Bureau of Records and Statistics of the Michigan Department of Health, left Lansing April first on a four months' leave of absence to assist in the campaign to complete the Registration Area by 1930. The campaign is sponsored by a special committee of the American Public Health Association.

Forty-three states and the District of Columbia now comprise the Registration Area. Texas is the only large state not included, and Dr. Deacon has been assigned to that territory. He will have headquarters at the State Department of Health at Austin, and his efforts will be directed toward improving the registration of births and deaths until they meet the standards required for admission to the Registration Area.

WHAT THE "SUMMER ROUND-UP" IS

Judging from letters received from physicians throughout the state who have been asked by their local Parent-Teacher Associations to assist in "summer round-up programs," there is some confusion as to just what the "round-up" is and who is responsible for it.

The National Congress of Parents and Teachers originated the "Summer Round-Up of Preschool Children" in 1925. It is, in the words of that organization, "a campaign to send to the entering grade of school (kindergarten or first grade) a class of children one hundred per cent free from remediable defects. The movement is the development of the platform laid down in 1923—that of 'All the Year Round Parenthood'."

The American Medical Association prepared the examination blank whose use is required of all local branches enrolling in the Round-Up. Other co-operating agencies are the American Dental Association, the American Public Health Association, the National Education Association, the United States Bureau of Education, and the United States Children's Bureau.

The National Congress disavows emphatically any intention of duplicating effective health work already being done in a community, and urges local associations to co-operate with existing agencies. Of special interest to physicians and dentists is the statement of the Congress that it should be clearly understood that the organization opposes free medical or dental care in carrying through the correction of defects (except in cases of financial inability) and urges referring the child to the family physician or dentist for treatment.

Because of the close contact of its membership with the homes and schools, the National Congress feels that it is in a particularly strategic position to "round-up" the children for the examinations and to urge parents to have the defects corrected. They realize fully that correcting the defects is the most important part of the program. Again quoting the instructions issued by the Congress to its branches: "Examinations of preschool children may go on indefinitely but unless the parents of the country are made to realize their responsibility in securing the correction of the defects, there will be no lasting results and much of the taxpayers' money will be spent in vain." To insure corrections being made, two examinations are required of all local groups enrolling, one in the spring and the other in September or October.

The Michigan Department of Health has no direct connection with the "Summer Round-Up" program other than that Dr. Lillian Smith, Director of the Bureau of Child Hygiene and Public Health Nursing, is Chairman of Child Hygiene for the Michigan Branch of the National Congress of Parents and Teachers, and as such is automatically chairman of the Michigan Round-Up. Enrolling of groups is carried on directly by Congress headquarters in Philadelphia, however, and all examination blanks and supplies are sent from there to the local groups. They cannot be secured from the Michigan Department of Health, nor are any of the examination clinics organized or conducted by the Department.

The growth in popularity of the "Round-Up" program has been rapid. From 102 local groups in 22 states in 1923, it has increased to 2,120 groups in 44 states in 1927. Last year Michigan led all the states in enrollment.

SCARLET FEVER IMMUNIZATION AT SCHOOL FOR THE DEAF

Pupils at the Michigan School for the Deaf at Flint were Dick tested by a representative of the Bureau of Epidemiology on April third and fourth. Of the 341 tested, 50 showed positive reactions. This total of 15 per cent positive for the group is much lower than any figure obtained by the department in the past, and a decided contrast to the 58 per cent positive in the Zeeland schools.

Letters have been sent by the Superintendent of the School to the parents of the 50 pupils giving positive reactions, and immunization will be carried out as soon as permission is obtained.

DEPARTMENT SURVEYED

Dr. J. W. Wallace, representing the Committee on Administrative Practice of the American Public Health Association, has just completed a survey of the organization and activities of the Michigan Department of Health. He spent two weeks in Lansing, visiting not only the Department of Health, but also the Department of Agriculture, the Department of Public Instruction, the Department of Labor and Industry, the State Board of Pharmacy, and the Michigan Tuberculosis Association.

Dr. Don M. Griswold, Deputy Commissioner of Health, was in Gary, Indiana, on March 5, 6 and 7, attending the Great Lakes Sanitary Congress.

DEPARTMENT VISITORS

Dr. Mario Magalhaes, of the National Department of Public Health, Brazil, is spending some time in the department of laboratories, assigned by the International Health Division of the Rockefeller Foundation.

Dr. R. St. John MacDonald of the Department of Public Health at McGill University, is also a guest of the department, observing especially the work in the bureaus of epidemiology, vital statistics, and laboratories.

VISITS OF ENGINEERS DURING THE MONTH OF MARCH, 1928

Inspections of Railroad Water Supplies: Total 17.

Baldwin
Bay City
Boyne City
Cheboygan
East Jordan
East Tawas
Edmore
Frankfort (2)
Gladwin
Grayling
Mt. Pleasant (2)
Mackinaw City
Petoskey
Saginaw (2)

Inspections and Conferences, Sewerage and Sewage Disposal: Total 83.

Adrian (6)
Ann Arbor
Bad Axe (2)
Blisfield
Caledonia (3)
Caspian (2)
Chelsea (2)
Coldwater (2)
Dearborn (2)
Durand
E. Grand Rapids (2)
Elk Rapids
Escanaba (2)
Fenton (2)
Flint (3)
Fremont
Grand Rapids (7)
Grayling
Greenville
Hermansville
Hillsdale (2)
Iron Mountain
Iron River (2)
Lansing (2)
Menominee
Mt. Clemens
Munising
Muskegon (3)
Northville (2)
Owosso
Plymouth
Pontiac (7)
Port Huron
Powers (2)
Rochester
Royal Oak (4)
South Haven
St. Clair
Sturgis
Vulcan (4)
Wakefield

Inspection sand Conferences, Water Supply: Total 63.

Adrian (5)
Alpha (5)
Amasa (2)
Anvil Mine (7)
Baraga (3)
Big Rapids (2)
Birmingham
Caspian (3)
Escanaba (2)
Fenton
Gladstone (2)
Iron Mountain (3)
Iron River (3)
Ironwood (5)
Kingsford (3)
L'Anse (5)
Ludington
Menominee (5)
Mt. Clemens
Pequaming
Ramsay (2)
Wakefield

Inspections and Conferences, Stream Pollution: Total 4.

Delta
Lansing (2)
Mt. Clemens

Inspections and Conferences, Swimming Pools: Total 12.

Adrian (5)
Detroit (5)
Lansing
Menominee

Inspections and Conferences, Miscellaneous: Total 12.

Bay City, Address at Plumbers Convention.
Fenton, Sewer and alley right-of-way.
Holly, Girls Camp.
Lansing, Sewage Disposal for School (2)
Lansing, Private well, Sunnyside Gardens, So. Cedar.
Livingston County, Rural School water supply.
Nashville, Garbage.
Oakley Township, Sewage Disposal for School (2)
South Lansing (Hunters Crossing), County Drain.
Torch Lake, Y. M. C. A. Camp.

Conferences and Inspections, Institutions: Total 2.

Grand Rapids, Sewage Disposal at Michigan Soldiers' Home.
Grand Rapids, Water Supply, Michigan Soldiers' Home.

PREVALENCE OF DISEASE

March Report
Cases Reported

	February 1928	March 1928	March 1927	Av. 5 Yrs.
Pneumonia	798	1,039	662	905
Tuberculosis	538	436	419	414
Typhoid Fever	31	19	39	43
Diphtheria	300	282	439	477
Whooping Cough	665	663	609	673
Scarlet Fever	1,283	1,143	1,636	1,706
Measles	2,580	5,839	1,302	2,929
Smalpox	147	154	191	238
Meningitis	15	16	16	16
Poliomyelitis	5	2	4	3
Syphilis	1,222	1,448	1,620	1,192
Gonorrhea	586	735	879	761
Chancroid	11	5	9	13

CONDENSED MONTHLY REPORT

Lansing Laboratory, Michigan Department of Health
March, 1928

	+	—	+—	Total
Throat Swabs for Diphtheria				1263
Diagnosis	22	257		
Release	31	75		
Carrier	20	842		
Virulence	3	13		
Throat Swabs for Hemolytic Streptococci				
Diagnosis	41	102		
Carrier	19	843		
Throat Swabs for Vincent's	33	246		279
Syphilis				8523
Kahn	1082	7370	60	
Wassermann			1	
Darkfield				
Examination for Gonococci	155	1324		1495
B. Tuberculosis				606
Sputum	93	412		
Animal Inoculations	3	98		
Typhoid				133
Feces	16	41		
Urine	1	9		
Blood Cultures		32		
Widals	8	26		
B. Abortus				28
Dysentery				33
Intestinal Parasites				45
Transudates and Exudates				201
Blood Examinations (not classified)				172
Urine Examinations (not classified)				332
Water and Sewage Examinations				614
Milk Examinations				92
Toxicological Examinations				10
Autogenous Vaccines				
Supplementary Examinations				185
Unclassified Examinations				574
Total for the Month				15574
Cumulative Total (fiscal year)				119601
Increase over this month last year				691
Outfits Mailed Out				14746
Media Manufactured, c.c.				377188
Antitoxin Distributed, units				2478200
Toxin Antitoxin Distributed c. c.				10470
Typhoid Vaccine Distributed, c. c.				1280
Silver Nitrate Ampules Distributed				3876
Examinations Made by Houghton Laboratory				2292
Examinations Made by Grand Rapids Laboratory				7781

THE JOURNAL

OF THE

Michigan State Medical Society

PUBLICATION COMMITTEE

J. D. BRUCE, M. D., Chairman.....Ann Arbor
B. F. GREEN, M. D.....Hillsdale
B. H. VAN LEUVEN, M. D.....Petoskey

Editor
J. H. DEMPSTER, M. D.,
641 David Whitney Bldg., Detroit, Michigan.

Business Manager
FREDERICK C. WARNSHUIS, M. D., D. Sc., F. A. C. S.
Grand Rapids, Michigan.

All communications relative to exchanges, books for review, manuscripts, should be addressed to J. H. Dempster, M. D., 641 David Whitney Bldg., Detroit, Michigan.

All communications regarding advertising and subscriptions should be addressed to F. C. Warnshuis, M. D., Suite 1508 Grand Rapids National Bank Bldg., Grand Rapids, Michigan.

MAY, 1928

"I hold every man a debtor to his profession, from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves, by way of amends, to be a help and ornament thereunto."

—Francis Bacon.

EDITORIAL

POST-GRADUATE CONFERENCE

It has been already announced that a forward movement has been made to meet the needs of the profession of the state for graduate medical education. Details of this will be announced from time to time in The Journal. The big thing however, to which the attention of every member of the Michigan State Medical Society is called is the Post-Graduate Conference that is to be held in Detroit May 15th to 18th under the joint auspices of the Post-Graduate Department in Medicine of the University of Michigan, the Michigan State Medical Society, the Wayne County Medical Society and the Alumni Association of the Detroit College of Medicine and Surgery. Extensive preparations are being made and the responses from surgeons and clinicians of the first rank, outside as well as within the state have been most gratifying. It is hoped that every member of the Michigan State Medical Society who can possibly do so will attend these clinics. There was never a time in the history of Detroit when the clinical facilities were as varied and as extensive as they are at the present time; and let us add, when hotel accommodations were as adequate as they are at present. During the past two or three years a number of first-class hotels have been erected in Detroit so that the old problem of lack of hotel accommodation has been at last well solved.

The program of the clinics appears elsewhere in this number of The Journal, as complete as it is possible to obtain it at the time of going to press. Remember the date, May 15th to May 18th inclusive.

DR. ANGUS McLEAN HONORED

Elsewhere in The Journal appears an account of the presentation of a medal to Dr. Angus McLean, as well as the announcement of his appointment to the position of honorary Professor of Military Surgery of the University of Warsaw, Poland. Dr. McLean is intimately known to the medical profession of Michigan, having filled the position of President of the Michigan State Medical Society. The presentation was made at a meeting of the Wayne County Medical Society. The doctor's popularity is attested by the fact that when such honors come to him the auditorium is filled with a large and enthusiastic audience of his medical confreres as well as other friends. The Journal takes this opportunity to congratulate Dr. McLean on this latest honor conferred upon him.

PHYSICIANS AS SPEAKERS

In spite of the fact that physicians are said to belong to the great silent profession, there are occasions in the life of every one of them when it would be to his advantage to be able to speak effectively to his group, if not to a wider lay audience. As the years go by organized medical societies are becoming a greater necessity to those who would keep abreast of the progressive changes that take place in both medicine and surgery. Papers are read and discussed as a rule before they find their way into print. The attrition of minds makes for thoroughness. A lecturer or speaker in the preparation and deliverance of his address learns a great deal more than the audience addressed.

One can learn to a certain extent the art of speech by observing the things which appeal to him most strongly in the addresses of others. The first requisite is to have something to say. Of almost equal importance is language, a suitable vocabulary as a vehicle to convey the thought. Every one admires the speaker who gets at his subject as soon as possible, expresses himself clearly and knows when to stop. There is nothing more tiresome than a speaker who talks on against time. As Polonius said:

"To expostulate what duty is
Why day is day, night night, and time is time,
Were nothing but to waste night, day, time,
Therefore, since brevity is the soul of wit
And tediousness the limbs and outward flourishes,
I will be brief."

To begin with apologies of any kind seems out of place. The stale joke is a serious defect. In the discussion of medical papers it would be well were those taking part to have access to the paper sometime in advance of its presentation that they might give it a serious thought. This would enable them to weigh the various points and to formulate their conclusions in the briefest and most expressive phraseology. Discussions would mean a great deal more under such conditions. That extemporaneous speeches are best when they are most carefully prepared is not quite the paradox that it may seem. The best so-called extemporaneous speakers are those who spend the most time in studying and polishing their utterances in general, so that the particular apparently unpremeditated address may seem a masterpiece.

SURGEONS REAL AND PSEUDO

The American Journal of Surgery in discussing this subject deplores the absence of any check on persons who commit so-called surgery without the proper training and qualifications. The Journal goes on to say that during the past thirty years surgery has become revolutionized. The accomplished surgeon operates successfully for conditions that were half a century ago almost always fatal. Surgery today is commonplace. Men possessed of surgical ability are to be found in every hamlet and at every crossroad.

"However, there is a class of physician," continues the American Journal of Surgery, "who will attempt anything for financial gain. He is worse than the casual surgeon. Many of these men never have had an interne's life nor worked as an apprentice to a surgeon of recognized ability.

"These untrained men graduate, pass a state board examination, open offices and lie in wait for the unsuspecting victims. Without apprehension these surgical prostitutes attempt major surgery. A plausible tongue explains mortality. Morbidity is an unknown condition to this horde; a patient is marked 'recovered' if he or she leaves the sanitarium alive. Naturally these men are never Fellows of the American College of Surgeons. They are usually connected with nothing. They possess keen financial judgment and ability and are able to diagnose the size of the patient's position to pay far better than the pathological condition, if present. This state of things gives medicine and especially surgery a black eye and the sound ethical man suffers in turn."

True, a diploma from a recognized medical college and a state license to practice medicine extend to the possessor rather wide powers. In fact he is limited only by his discretion and common sense. If he has neither, Heaven help the patient. There are, in all walks of life, persons to whom the lure of big financial returns outweighs everything else. In other callings, however, the harm they do is limited to material, lifeless things. Recklessness is largely a matter of temperament whether one is driving while drunk or attempting that for which one is not fitted. It is hoped the abuse of the privilege of which the American Journal of Surgery complains is not wide spread. We have no solution to offer. It is doubtful whether compulsory internship or legal restrictions will abate the condition. Many of the ablest surgeons as well as specialists in other fields have never served interneships and some very mediocre men have. Surgeons are to a certain extent born; though it cannot be denied that training is a great factor.

The reference calls to mind a description of the true surgeon by Guy de Chauliac of the fourteenth century: "Let the surgeon be bold in all sure things and fearful in dangerous things; let him avoid all faulty treatments and practices. He ought to be grateful to the sick, considerate to his associates, cautious in his prognostications. Let him be modest, dignified, gentle, pitiful and merciful, not covetous nor an extortionist of money; but rather let his reward be according to his work, to the means of the patient, to the quality of the issue, and to his own dignity."

A. M. A. HOSPITAL REGISTER

The March 24th number of the Journal A. M. A. contained a unique feature in the amount of space devoted to the Association's first edition of the Hospital Register. This Register has entailed an enormous amount of work, when one considers what it means in the way of acquiring and verifying the information there given. It is hoped that its value to the profession will be duly appreciated. The Register covers the hospitals of the United States.

The Michigan section shows that there is a total of 145 general hospitals with a capacity of 13,307 beds, with an average of 9,526 patients. The percentage of occupancy is 71.6 as compared with 66 per cent occupancy for all the general hospitals of the United States. There are 17 hospitals devoted to nervous and mental diseases. Counting other special institutions we have in this state a total of 229 registered hospitals with 32,308 beds.

The A. M. A. Hospital Register gives the list of approved hospitals for the training of internes, for residencies in specialties and whether approved by the American College of Surgeons. Seventeen hospitals of Michigan are approved by the Council on medical education for the training of Internes. Nineteen hospitals with a capacity of 570 beds are not admitted to the Register.

The number of the Journal containing the Hospital Register should be set apart for convenient reference as the information contained is as "up to the minute" as it is possible to get it.

JOHN HUNTER

This year, the fourteenth of February to be exact, marks the 200th anniversary of the birth of John Hunter. Anniversaries of the birth or death of the great and near great afford an opportunity to recall their work, which is always an advantage, for as someone has aptly said, "Destiny reserves for all repose enough." It is to be hoped that those of our readers who go to London will visit the Hunterian Museum of anatomy, one of the finest of its kind in the world. Hunter supplied the nucleus of this most orderly exhibit in his collection of 13,000 specimens duly described and catalogued. His capacity for work was simply appalling. His dissections included not only human subjects but animals as well so that the collection affords a splendid opportunity for the study of comparative anatomy. He dissected and described over 500 species of animals. His sleep requirements were apparently satisfied by only four to five hours; the remainder of the time was given over to his favorite work, to which he devoted almost his entire income. He would have died in poverty had not the British government purchased his museum for 15,000 pounds.

John Hunter was in a real sense a self made anatomist and surgeon. He owed little to any formal education he had ever received and in this respect he resembled that famous Scotch physician, Sir James MacKenzie, who was anything but precocious during his earlier years. The Hunters were Scotch on both sides of the house. His love for anatomy began at the age of twenty when he went to London to help his older brother, William, a refined and cultured gentleman, with his dissections. John's studies included particularly investigation of the lymphatic system, the veins and the placental circulation, also the nasal and olfactory nerves.

As teacher John Hunter had some unfortunate shortcomings, a diffident manner, and a bad delivery and an uncontrollable temper. He was subject to angina pectoris during his latter years and he was wont to say that he was completely at the mercy of anyone who chose to make him angry. He was connected with St. Georges Hospital as medical teacher but could not get along amicably with his confreres. A conflict with one of them brought on an anginal attack which resulted in his death on October 16th, 1793. He was a scornful Ishmaelite among his professional associates. He took house pupils who were bound to him for five years at 500 guineas. One of his pupils was Jenner for whom Hunter formed a strong attachment.

With the advent of John Hunter, says Garrison, surgery ceased to be regarded as a mere technical mode of treatment and began to take its place as a branch of scientific medicine firmly grounded upon physiology and pathology. He was the founder of experimental and surgical pathology. He made important studies on the repair of tendons using as an example a ruptured tendo achilles sustained by himself in an accident. Among his studies on surgical pathology we have shock, phlebitis, pyemia, inflammation and surgical diseases of the vascular system. Greater enthusiasm hath no man than this; having accidentally inocculated himself with syphilis, he delayed treatment that he might study the course of the disease on himself. He described the hard chancre,

and differiantiated the Hungarian chancre from the chancroid ulcer, but strange to say confused syphilis and gonorrhea. His defective education served to protect him from the aberrations of many of his predecessors whom he had never read. His lack of historical perspective however, caused him to come to many conclusions in which he was entirely wrong. Yet so much may be credited to him that he has been mentioned along with Ambroise Pare and Lister as one of the three greatest surgeons of the time.

DOES THIS INTEREST YOU?

This number of The Journal contains the report of the Legislative Commission of the Michigan State Medical Society which should appeal to every practicing physician as well as to those looking forward to medicine as a career. Special attention is drawn to the questionnaire which was sent by the legislative committee to all secretaries of State Registration Boards as well as secretaries of the medical societies in the United States. The sending of questionnaires and the analysis of replies thereto entail no small labor. The summary as well as the comments in this report are deserving of special attention.

Medical practice laws are generally more or less unsatisfactory. The protection of the public by medical legislation is a process of evolution and as such never shall be ideal. Great strides have been made in Michigan since 1899. It is felt, however, in many quarters that the time is ripe for further advance.

Prior to anything definite in the way of legislation is the survey of the situation throughout the United States. This has been done and the results are as complete as it is possible to compile them. Read the experience of other States in the matter of the basic science idea, the single medical board and in many instances, multiple boards for the registration of medical practitioners and cultists.

BASIC SCIENCE LAW FOR MICHIGAN?

The basic science law as understood provides for the teaching of what are considered pure sciences which should be the basis of all education preliminary to the healing art, whether by the regular medical profession or any of the cults. Such sciences include anatomy, bacteriology, chemistry, hygiene, pathology and physiology. The examination for these subjects is by a non-medical board, that is a board consisting of persons who have no direct connection with the healing art as practiced by the regular profession or by any of the so-called cults.

A certificate from a basic science board does not entitle the holder to any privilege in the way of practicing any form of treating the sick. Having satisfied the examiners of his proficiency in these subjects the candidate may then proceed to meet the demands of the regular board of medical registration or of the osteopathic board, or he may enter upon the study of chiropractic or naturopathy or any other "pathy" he chooses.

Dr. W. C. Woodward, Executive Secretary of the Bureau of Legal Medicine and Legislation of the American Association, who is the father of the Basic Science idea, addressed to The Wayne County Medical Society recently on the subject of "Basic Sciences as a Prerequisite for Medical Registration." Dr. Woodward was inclined to the opinion that the situation in Michigan did not warrant the adoption of basic science legislation in-as-much as there were only two boards in this state, namely the Michigan State Board of Registration and the osteopathic board, the licensing of drugless healers coming under the former. The basic science law according to Dr. Woodward was better adapted for states in which there were multiple licensing boards, say four or five.

It was brought out in discussion that the charge of unfairness was preferred by drugless healers against the Board of Medical Registration in the holding of examinations even in spite of that board's endeavor to play fair. One of the members of the Michigan State Board of Medical Registration in discussing this subject declared that in his attempt to be absolutely impartial he called upon a high school teacher to set an examination that would be considered equivalent to that which high school graduates would be expected to pass. The doctors took the questions and prescribed them for a number of candi-

dates for registration as drugless healers. The papers were signed by number instead of name and submitted for marking to the same person who set the questions. The results of the marking ranged from zero to ten marks on an examination where seventy-five was the passing mark. Imagine the health of the people entrusted to persons of such mental calibre.

Legislation authorizing examination in the basic sciences by a non-medical board should appeal strongly to people of intelligence and their influence and support should be enlisted in behalf of the movement to establish a higher educational standard for all who would treat the ills that flesh is heir to.

EDITORIAL NOTES

Norway has recently passed a law threatening all doctors who do not write a plain prescription in a plain way and sign their names in an equally legible fashion, with a maximum penalty of three months imprisonment. Evidently Norway is not afraid of any severe epidemics in the near future with no doctors at hand to take care of the population.

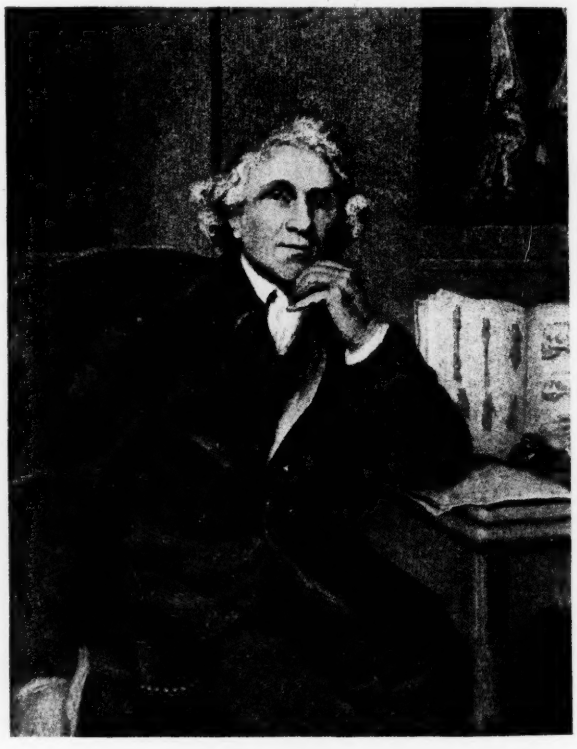
March is said to have the highest pneumonia death rate of any month in the year. Often more than one-seventh of the annual mortality from this single disease occurs in the month of March. So far this condition cannot be ascribed to any single cause but rather to a combination of factors. The fact that the pneumonia death rate is low in the western provinces of Canada and the northwestern states would lead to the conclusion that a cold climate with an average low humidity favor a low mortality from pneumonia.

The Seventeenth Century has been truly a wonderful century in the history of medicine. Three hundred years ago this present year Harvey published his Dissertation on the Circulation of the Blood, in 1622 Aselli discovered the lacteals and in 1647 Pecquet discovered the thoracic duct; in 1651 Rudbeck demonstrated the lymphatics, and lastly in 1668 Mayow taught that the oxygen of the air which had been recently discovered mixed with the blood in the lungs in the process of respiration.

The history of the medical profession of Michigan is progressing very satisfactorily under the direction of Dr. C. B. Burr, chairman of the committee. A cut of an old-fashioned two-wheeled gig and one of a letter presenting it to Dr. J. C. Willson, written by Governor Crapo in 1868, have been presented for the history by Mr. George C. Willson of Flint who is the son of Dr. Willson. On behalf of the committee in charge, The Journal takes this opportunity to thank Mr. Willson and also Dr. Lucius H. Zeuch, compiler of the History of Medical Practice of the State of Illinois, for photographs of Michigan scenes to illustrate the Michigan volume, and for his kindness in loaning the exquisite cut of the pioneer physician. Acknowledgements are also due Miss Labinsky, editor of "The Quill" for the loan of the cut, "The Pioneer" which was used to illustrate Dr. Burr's article on "Physicians with the Early Explorers and Adventurers." The Committee is also indebted to the Detroit Saturday Night for the loan of the cut, "Cadillaqua."

JOHN HUNTER—FATHER OF SURGERY

John Hunter, the second centenary of whose birth fell on St. Valentine's Eve, has his name written in the stars among those of masters of medicine who have done most for a suffering and groaning humanity. He remains as perfect a type of the scientific surgeon as Newton of the serene philosopher. His name is familiar from the Hunterian Collection, the anatomical mu-



John Hunter

After the painting by Sir Joshua Reynolds

seum of the Royal College of Surgeons, to which he devoted life and fortune.

The family home was at Long Calderwood in Lanarkshire, where on his father's small ancestral estate his mother was left a widow.

After an idle boyhood, with a minimum of book-learning, John, a shrewd, rough lad of twenty, rode up to London in the autumn of 1748, to join his Brother William, there established as an anatomical lecturer. In his desultory home life he seems to have had no preparation in medical study. Yet forthwith he was set by his brother to prepare a dissection of muscles for a lecture, and within his first session he was directing the students.

THE "RESURRECTION MEN"

Entering Chelsea Hospital as pupil, he was known as a rough, jovial, pleasure-loving fellow, fond of seeing life in queer, low places, and even a favorite with the disreputable "resurrection men" who collected human subjects for anatomists.

At his brother's house he saw good society, eminent surgeons, and also painters whom William liked to gather about him. He was presently induced to go to Oxford; possibly it was William's idea to set him up in practice as a genteel ladies' doctor, but this was not in John's mind. "They wanted to make an old woman of me," he said in later years. "These schemes"—pressing his thumb-nails on the table—"I cracked, like so many vermin."

He was ever rough and downright, given to an inveterate habit of swearing, fierce of mood, quick of speech, of immense vigor as of immense humanity.

He soon exchanged Oxford for St. George's Hospital, and in two years was house-surgeon. In 1761 he went to the wars for a change as staff-surgeon, serving at Belleisle and in Portugal. A treatise on gunshot wounds, based on these experiences, was published after his death.

JENNER A PUPIL

Back in London, he started private classes in anatomy and surgery, which continued for years, his students becoming the first surgeons of their time.

That is one of Tom Taylor's stories, as told in his study of the worthies who lived in Leicester Square. He tells also of the menagerie of creatures Hunter kept in the grounds of a cottage at Earl's Court, from hyaenas, wolves, jackals and leopards, to hedgehogs, bees, wasps and hornets —which formed the subjects of his learned papers for the Royal Society. Among the pupils to whom he would set problems about wild creatures, whether cuckoos, toads or beetles, was the vaccinator, Jenner.

"MEDALS OF CREATION"

Hunter ransacked the world for fossils, and was far beyond his contemporaries in appreciating these "medals of creation." The Council of the Royal Society objected to a phrase in one paper on fossils suggesting that they were many thousand centuries old, this making them older than the Flood. Hunter withdrew the paper, but not the statement.

In 1771 he married Anne Home (beautiful, refined and a gifted poet), for whose hand he had waited for some years until his income had reached a thousand a year, as insisted upon by the father-in-law.

His wife entertained, and Sir Richard Owen has left a description of how in the small hours the master, with sleep-laden eyes, would brave the social stream on the staircase as he went to bed, not without a kindly greeting to the beauty of the moment.

His researches embraced the hibernation of animals. One speculation was the possibility of freezing human beings, and restoring them to life two or three centuries later, an idea used as the foundation of a romance by Edmund About.

Charles O'Brien, the Irish giant eight feet high, on his deathbed was so terrified lest Hunter should come by his body for dissection that he arranged for a bodyguard to carry his bones to Nore, and sink them far out at sea. The giant dying, the bodyguard did in fact set out for Nore as directed. But next day the giant's bones were in Hunter's carriage as he went on his rounds. Agents had duped the guard, and substituted paving-stones for the body. A portion of the skeleton figures in Sir Joshua Reynold's portrait of Hunter, one of his masterpieces.

COURAGEOUS POVERTY

Through most of his life he was subject to heart-trouble, which any excitement, even the swarming of the bees he studied for twenty years, would bring on; his life, he would say, was at the mercy of the first rascal to cause him annoyance. And it was at a stormy board-meeting at St. George's Hospital that he died, in his sixty-fifth year.

He died poor, though he had earned as much as six thousand a year, but he had spent £70,000 on his collection, which was eventually bought by the government for £15,000 and entrusted to the Royal College of Surgeons. "It requires great courage in a man to continue poor while it is in his power to get rich," was one of his sayings; and he was ever courageous, even to separating with his hands leopards fighting in his menagerie. Constant additions have been made to the Hunterian Collection, conspicuous among the exhibits being the bones of the giant O'Brien.—Marcus Woodward in T. P.'s Weekly, by special permission.

THE ETIOLOGY AND TREATMENT OF THE BLEEDING UTERUS*

HENRY SCHMITZ, M. D.
CHICAGO, ILL.

The investigation is based on about 3,000 consecutive cases admitted to the gynecological departments of Cook County and Mercy Hospital. One-third of these were seen at the Cook County Hospital and two-thirds at the Mercy Hospital. The frequency of occurrence of uterus hemorrhage in the Cook County Hospital cases was more than 45 per cent and in the Mercy Hospital about 25 per cent. It was found that the great frequency of hemorrhage in the Cook County cases was mainly due to infection of the genital tract, myomata and carcinomata; while in the cases at the Mercy Hospital infections and myomata apparently played a minor role. On the other hand, hemorrhagic metropathies, cancers and ovarian disturbances at the beginning and termination of

* This and the following abstracts of papers presented at the Annual Meeting of the American Association of Obstetrics, Gynecologists and Gynecological Surgeons, Ashville, N. C., 1927, are supplied The Journal of the Michigan State Medical Society by Dr. James E. Davis, Secretary of the association. Dr. Davis is a member of the Michigan State Medical Society and Professor of Pathology of the Detroit College of Medicine and Surgery.

menstrual life seemed to give a larger percentage of cases accompanied by bleeding. The uterine hemorrhages are grouped according to their respective underlying disease and the treatment of each one is discussed. It is pointed out that at least 50 per cent of so-called functional hemorrhages can be relieved by a curettage and that major surgical measures and X-rays and radium play a minor role in the curative treatment of urine hemorrhage.

THE FLUCTUATION IN BLOOD SUGAR DURING ECLAMPSIA, AND ITS RELATION TO THE CONVULSIONS*

PAUL TITUS, M. D. PAUL DODDS, M. D.
E. W. WILLETTS, M. D.
PITTSBURGH, PA.

SYNOPSIS

Serial blood sugar readings during eclampsia show proof that this disease is associated with an active fluctuation in the sugar content of the blood.

Heretofore only occasional specimens have been taken for blood chemistry, and it has been a matter of general disappointment that no relation could be established between disturbances in blood chemistry and pregnancy toxemias.

These studies now furnish proof that a disturbance in carbohydrate metabolism actually exists in eclampsia; that contrary to the general opinion, hyperglycemia is not characteristic of eclampsia; but that eclamptic convulsions are directly related to and the result of hypoglycemic levels during the course of this disease.

The carbohydrate deficiency theory as to the origin of pregnancy toxicoses is strengthened by these findings, the blood sugar curves actually showing evidence of further depletion of the reserve glycogen stores as the disease progresses.

With the view that convulsions of eclampsia are to be designated as a hypoglycemic reaction the use of insulin either with or without glucose in the treatment of this condition is unnecessary and contraindicated.

Appropriate treatment for eclampsia as established by these glycemia curve studies consists of two main features; (a) complete muscular rest as induced by morphine by hypodermic injection, chloral hydrate by bowel, and magnesium sulphate by hypodermic or intravenous injection, and (b) the intravenous injection of strongly hypertonic glucose solution.

Two results are claimed for these studies: (1) that blood chemistry findings are now available which show the nature of the metabolic disturbances associated with eclampsia, and which go far toward explaining the occurrence of eclamptic convulsions, and (2) that the treatment of eclampsia is no longer purely empiric.

* Paper read at Annual Meeting American Association of Obstetricians, Gynecologists and Abdominal Surgeons.

THE PLACE OF VAGINAL CESAREAN SECTION IN OBSTETRICS*

LOUIS E. PHANEUF, M. D.
BOSTON, MASS.

SUMMARY

1. Vaginal cesarean section is a useful operation when an indication for immediate delivery arises in a gravida with a long, rigid, undilated cervix, up to the end of the eighth month of gestation.

2. The operation may be done at term; but here the difficulties are greater, and there is danger of the incisions tearing in the peritoneal cavity because of the large size of the child.

3. A previous low cervical cesarean section complicates the technic of the operation since the anterior peritoneal culdesac has been obliterated. This may predispose to injury to the bladder during delivery.

4. Since the operation is extraperitoneal, postoperative complications are negligible.

5. The puerperium, as a whole, resembles that of any operative pelvic delivery.

6. The low transperitoneal abdominal cesarean section which offers nearly as much protection against infection as does the vaginal hysterotomy has displaced the latter operation in a number of clinics because of its simpler technic.

* Paper read at Annual Meeting American Association of Obstetricians, Gynecologists and Abdominal Surgeons.

ABSTRACT OF PAPER, "MODERN OBSTETRICS IN THE HOME"*

JAS. R. BLOSS, M. D.
HUNTINGTON, WEST VA.

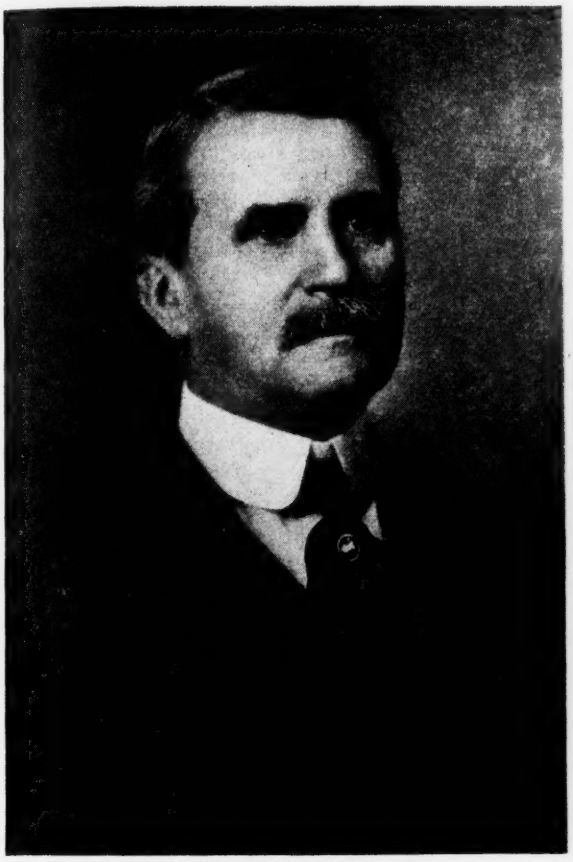
Attention is called to the fact that the great majority of women are still delivered in private homes, and that too many obstetrical operations are done in an effort to shorten the time of labor. The indiscriminate use of pituitrin is condemned. Thorough pre-natal care from conception to delivery is insisted upon, including careful physical examination and routine Wassermann. List of articles needed at labor is given to the mother, and when ready sterilized at hospital. A portable obstetrical outfit is described. A graduate nurse aids in each delivery and when possible a senior pupil nurse as well. Rigid asepsis is maintained and careful antisepsis, using four per cent mercurochrome. Obstetrician's preparation is the same as in a hospital for a major operation. After the situation has been correctly estimated no further examinations are done unless specifically indicated. "Bearing down" is discouraged. Delivery is done in dorsal position with limbs extended and feet moderately separated. Immediate repair of lacerations is done, and a careful follow-up insisted upon including office examination six weeks after delivery. The question is discussed as to an out-patient graduate nurse to call on all postpartum cases, financially unable to have private nurses.

* Paper read at Annual Meeting American Association of Obstetricians, Gynecologists and Abdominal Surgeons.

DEATHS

EUGENE BOISE
1846-1928

Fifty-six years ago young Dr. Eugene Boise, fresh from European study, came to Grand Rapids, associating himself with the leading physician of the community, Dr. George K. Johnson, an association which was to continue for thirty-three years. He had had, for that day, unusual educational opportunities, a graduate of Oberlin College, he had taken a medical course at the



Eugene Boise

University of Michigan, graduating in 1869. He then spent a year at Columbia, (College of Physicians and Surgeons of New York), and a further year as interne at the New York Charity Hospital. With such a background it is not surprising that he was to make a prompt success as a practitioner of medicine, and that he should always carry the highest ideals for medicine. Kindly, cheerful, competent, his patients were devoted to him. Always interested in the young man in the profession, he could be counted on to hold out a helping hand. I have heard it said that he gave away half a dozen practices. This the writer can well believe for he has experienced this liberality. By word of encouragement, by recommendation to patients, by the actual sending of patients, he helped the young man to get started. It seemed as though he felt this to be a real obligation on his part.

Butterworth Hospital and the old Grand Rapids Academy of Medicine were his medical loves. He was on the staff of the first almost since its beginning, chief of staff for a great many years. President of the Academy of Medicine from time to time, he was always a dominant figure in its activities. A fellow of the American Gynecological Society and for some years the only member from Michigan, his name appears frequently in their transactions, and he valued the friendships made through this association as one of the most precious of his possessions. He was president of the Michigan State Medical Society in 1893, and president of the Kent County Medical Society in 1912.

Always a student, a deligent reader, an excellent observer with an investigating turn of mind, it was to be expected that he would frequently put his pen to paper. He had developed certain theories on surgical shock, and most of his later articles were on various aspects of this. In 1905-6 he did considerable experimental work on dogs, which resulted in several articles—"Nature of Shock," an address before the New York Obstetrical Society, 1906, "The Heart in Shock," a paper before the American Gynecological Society, 1907, "Acute Heart Failure," 1912, and "Shock," 1914. His work on shock gave rise to a most interesting correspondence with others interested in the subject. This was to him a most delightful experience. It so happened that I was in London shortly after these articles came out, and I remember how proud I was to find that Grand Rapids was associated with Boise and to have his work commented upon by English doctors.

It was my privilege to be accepted by him as a friend and intimate, to be received by him and by Mrs. Boise as though I were a member of the immediate family, and as a young man it meant much to me. Today I more than ever appreciate the opportunity which he gave me for contact with a rich mind, ethical, idealistic, ambitious for medical progress, and best of all, intensely human.

We note his passing with the greater regret in that it is significant of the new order in medical practice—the passing of the old-time family doctor. The gain to the public in scientific exactness is balanced by the loss in personal touch and friendliness and love. However, good judgment, resourcefulness and skillful therapeutics went far to make up for the lack of scientific exactness in diagnosis. They were real doctors, these men, primarily interested in getting their patients well, in which laudable ambition they were most successful.—Burton R. Corbus.

IN MEMORIAM

Adopted at the March 30th meeting of the Gratiot-Isabella-Clair County Medical Society:

Dr. Ira Newton Brainerd was born at Grand Blanc, Michigan on February 4th, 1852 and died at Alma, Michigan, March 14th, 1928.

He received his preliminary education at Fenton Seminary, from which he graduated on June 18th, 1875. He also attended the State Normal School at Ypsilanti, from which he graduated on June 27th, 1876.

He received his medical degree at Columbus Medical College on March 4th, 1881.

In 1886 Dr. Brainerd came to Alma, soon after which he gave his whole time to the practice of Medicine and Surgery. Here he remained in continuous practice nearly to the time of his death.

It would be possible in the course of this obituary to mention many interesting circumstances connected with Dr. Brainerd's earlier days in Alma, but we, as members of the profession which he followed, would, I believe, be more interested in those touching more intimately the medical aspects of his career.

The beautiful custom of paying reverent tribute to the dead is by no means modern, but so far as we as individuals and as a nation are concerned, took its rise after the Civil War, when upon the graves of the brave and heroic men who fought in the Northern Army that our country might be one, and upon the graves of the equally brave and heroic who fought in the Southern army for what they considered their constitutional rights, were strewn flowers white, as a symbol of the

purity of their intentions, and flowers red, as a symbol of their martyrdom.

Since then the custom has been so generally adopted that organizations of all sorts set aside a special time for paying tribute to deceased members.

Families, too, have adopted the custom and from time to time through the year the dear ones "loved long since and lost awhile" are remembered in this sacred fashion. Through the passing years, in organized societies and in family life, we have been expressing with flowers and with words of oratory, both our grief and our undying affection for those whose memory we cherish and whose loss we sincerely deplore.

But while it is fitting that we as a Society should eulogize our dead, it is just as fitting, and there is no less obligation, that we should show our appreciation of intrinsic worth while the recipient is still with us and able to judge of our sincerity.

It is a sad fact that many a man goes through this life and out of this life without having ascertained just where he stands in the estimation of his associates, and in the opinion of the community of which he forms an integral part; goes through this life and out of this life without learning from the testimony of his companions in the toilsome way of life, whether alive he was really worth while, or dying will be regretted.

It is not difficult to see the wisdom of the custom of this Society in holding these so-called pre-memorial ceremonies, and no doubt you all recall when some few years ago such a meeting was held in honor of Dr. Brainerd.

What was said and done at that meeting showed our appreciation in a more effective way than anything we might say or do at this particular time.

As a general rule we are very eulogistic of the dead, our praises of the living are comparatively meagre, but we know that Dr. Brainerd knew that this Society held him in high regard, rejoiced in his moral worth and spiritual value, recognized his skill in his chosen profession and appreciated his many excellent qualities.

A man is valuable to a community in proportion to his service and ability. He may have great ability and give little service; he may have little ability and give greater service, but when a man has great ability and gives great service, such ability and service is sufficient proof of his great value. It is indeed a rare privilege to serve a community as long and as faithfully as Dr. Brainerd did.

Coming to Alma in 1886 he was for nearly forty years the leading surgeon of the community an dthe adjacent territory for miles in every direction. We can all testify to his sterling worth and ability.

Brainerd Hospital, which stands as a monument to his life's work, he built nearly all with his own hands, starting in a meagre way and gradually adding to as time and means would permit.

Dr. Brainerd, except for the past three years, always took a very active part in the deliberations of the Society, served as its secretary from 1887 to 1902 and was three times elected president for the years 1904, 1905 and 1916 and otherwise contributed materially to its success.

Dr. Brainerd was a man of unusual energy, a voluminous reader and during his life collected the largest library in the country. He even found time, besides doing most of the instruction in his Nursing School, to edit volumes on Physics, Zoology, Chemistry, Biology, Nursing and Hygiene.

There are four most important periods in a doctor's life the first of which is when he is born. The second is the time when he receives his medical degree and steps forth to a life that we all know is not strewn with flowers white nor flowers red.

The third is the time when in sunshine and in storm he treads the weary road of medical practice and, fourth, and last, when time has dimmed the eye and age has shook the hand, he lays him down to well deserved rest.

Courage, earnest service and self-sacrifice marked his daily life.

Peace be to him and peaceful be his rest.

May the earliest buds of flowers white and flowers red spread their fragrance o'er his resting place and there may the summer's latest rose linger longest.

Reported by J. W. Day, Jr., Chairman of Committee.

Dr. H. R. Conklin of Tecumseh died March 17th. Dr. Conklin was 52 years of age. He graduated from the University of Michigan in 1900 and in 1902 started his practice in Tecumseh where he has been for the past twenty-six years. He is survived by his widow and two children.

Dr. Mary Williams of Bay City died April 1, 1928. Dr. Williams was 75 years of age and for the past thirty years was a resident of Bay City and enjoyed prominence not only among those of her profession but among the people of Bay City. Dr. Williams' chief practice was the diseases of women and children.

Dr. Robert A. McGregor of Jackson died March 22, 1928. For twelve years Dr. McGregor was the physician at Jackson prison.

CARBOHYDRATE INDIGESTION

A failure in digestion of the carbohydrates produces quite characteristic symptoms, when the condition is marked. These consist of alternating constipation and diarrhea, associated with a great deael of distention and gurgling in the lower abdomen. When the symptoms are severe, the stools are quite striking, the increased amount of starch, the presence of iodine-staining organisms and the tendency of the stools to ferment. Where the process is not so active, the diagnosing may be more difficult and occasionally must depend on a trial-and-error method of treatment. The differential diagnosis between a carbohydrate indigestion and a mild enteritis has been herein discussed. The treatment consists in the complete removal of carbohydrates for a period of days, which results in complete relief of the symptoms and no tendency to relapse.—E. S. Emery, in the New England Journal of Medicine.

A FILM FOR DOCTORS

A special film for audiences of medical men has been offered to county medical societies for use. "The Doctor Decides" is its title. This film has been approved by a committee of doctors and changes made at their suggestions. County Medical Societies will do well to plan on reviewing this film at their meetings during the next several months. It may be procured by addressing The Michigan Tuberculosis Association, Lansing.

NEWS AND ANNOUNCEMENTS

Thereby Forming Historical Records

TRI-STATE MEDICAL SOCIETY

This association, including about one hundred and fifty doctors from Michigan, Indiana and Ohio, held its annual meeting in Detroit on April 10th. The program during the day consisted of clinical conferences by Doctors Edward Spalding and James E. Davis of the Receiving Hospital staff. This was followed by a symposium on Urology by Dr. H. O. Mertz of the University of Indiana, Doctors F. W. Hartman and H. P. Doub of the Henry Ford Hospital, and James E. Davis of the Detroit College of Medicine. Dr. C. C. Sturgis, director of the Simpson Memorial Institute of Ann Arbor, gave an address on recent advances in the treatment of pernicious anemia. Dr. W. H. McCracken of the Detroit College of Medicine, gave a demonstration of the physiological effects of high frequency currents. Dr. J. G. Fitzgerald of the Toronto University, advocated the use of diphtheria toxoid as a substitute for diphtheria toxin. Clinical demonstrations of ring worm were made by Dr. Andrew P. Biddle, president of the American Dermatological Association, and by Dr. R. C. Jamieson. Dr. F. A. Coller and Dr. John Alexander, both of the University of Michigan, took up the subject of empyema. A most interesting paper on post-operative complications was read by Dr. Elliott C. Cutler, Professor of Surgery, Western Reserve University, before a joint meeting of the Tri-State and the Wayne County Medical Society, following a dinner at the Statler hotel in the evening.

Officers for the following year were elected. Dr. W. W. Beauchamp, Lima, Ohio, president; Dr. Robert Hoffman, South Bend, Ind., vice-president; Dr. Norris Gillette, Toledo, Ohio, re-elected secretary, and Dr. D. J. Slosser, treasurer. The councillors selected were Doctors H. H. Martin, John B. Murphy, and J. H. Andries. The next annual session will be held in Toledo.

ST. MARY'S HOSPITAL, DETROIT, ALUMNI REUNION, MAY 12

PROGRAM FOR HOSPITAL DAY

An invitation has been sent to all doctors who have served as house physicians of St. Mary's Hospital, Detroit, to visit their Alma Mater on Hospital Day, May 12. Inasmuch as guests are invited who have served as far back as 1884, it is believed that this will be a memorable occasion for both the doctors and the hospital, and much mutual pleasure is expected therefrom. The program will take the form of a Staff Clinic, lasting from 9 to 12. At 12:30, buffet luncheon will be served on the lawn, after which all will be invited to inspect the various scientific departments.

The program will be as follows:

8:00 a. m. "Brain Abscess", Leo Dretzka, M. D.
8:00 a. m. Urological Clinic—A. Kersten, M. D.
8:30 a. m. Fractures—A. R. Hackett, M. D.
8:30 a. m. Traumatic Surgery—L. I. Condit, M. D.
9:00 a. m. Uterine Fibroid-Hysterectomy — W. L. Hackett, M. D.
9:00 a. m. Hemmorhoids — Caudal Anaesthesia —John J. Corbett, M. D.
9:30 a. m. Esophago Bronchoscopy — Wm. J. Cassidy, M. D.
9:30 a. m. Ear, Nose and Throat Clinic—E. V. Joinville, M. D., and T. P. Clifford, M. D.
9:30 a. m. Eye—W. R. Randolph, M. D.

IN CONFERENCE ROOM

10:00 a. m. Obstetrics—Version—J. W. Cunningham, M. D.
10:30 a. m. Anemia—R. W. Opperman, M. D.
11:00 a. m. Dermatological Clinic—E. C. Troxell, M. D.
11:30 a. m. Heart Clinic—Electro Cardiograph —W. J. Wilson, M. D.
12:00 m. Neurological Clinic—H. A. Reye, M. D.
a. m. Laboratory Demonstrations.
X-Ray—R. D. McKenzie, M. D.
Pathological Laboratory andAutopsy —Jas. E. Davis, M. D.
Physiotherapy—J. P. Hubbard, M. D.
12:30 p. m. Luncheon served by the Sisters of Charity, St. Mary's Hospital.

ILLINOIS MEDICAL SOCIETY

The Illinois State Medical Society will hold its 78th Annual Meeting at the Stevens Hotel, Chicago on May 8th, to 11th, 1928. The meeting will be a combination Clinical and Scientific Meeting. Elaborate Clinics of unusual interest have been arranged at the larger hospitals, and at the four class A medical schools of Chicago.

Pre and post session clinics have been arranged for Monday, May 7th, and Saturday, May 12th, which will be of unusual interest. All scientific meetings will be held at the Stevens Hotel, which is the largest hotel in the world. Scientific exhibits have been arranged which will interest every physician attending the meeting. The Illinois State Medical Society extends a special invitation to all members of your Society to enjoy this meeting with us. A complete program will be sent to all those requesting same from the Secretary. You can make hotel reservations at this time by writing the Stevens Hotel—the rates are reasonable and the accommodations excellent.

FOR THE STUDY OF GOITER

The American Association for the Study of Goiter, consisting of internists, pathologists, radiologists, etc., as well as surgeons, will hold their 5th annual conference on goiter, in Denver, Colorado, June 18th, 19th and 20th. Several men from foreign countries have signified their intention of attending. Professor Breitner of the Von Eiselberg Clinic, Vienna and Professor Albert Kocher of Berne, Switzerland, have accepted places upon the program. Addresses and discussions on prophylaxis, medical treatment, endemic goiter and cretinism from the public health standpoint, are on the program for the first afternoon. All members of State Medical Societies are invited to attend.

COUNTY SOCIETY ACTIVITY

Revealing Achievements and Recording Service

EDITOR: Frederick C. Warnshuis, M. D.
Secretary Michigan State Medical Society

Post-Graduate Clinics

Presented Under the Auspices of the Wayne County Medical Society and the Alumni Association of the Detroit College of Medicine and Surgery

A PART OF THE POST-GRADUATE EDUCATIONAL PROGRAM
OF THE
MICHIGAN STATE MEDICAL SOCIETY
AND THE
DEPARTMENT OF POST-GRADUATE MEDICINE, UNIVERSITY OF MICHIGAN

Detroit, May 14, 15, 16 and 17

CLINIC ON NEOPLASTIC DISEASES

Chairman, H. E. Randall, M. D., Flint, Mich.,
President Michigan State Medical Society.

May 14, 1928

*Amphitheater at Harper Hospital**

9:00 a. m. William Seaman Bainbridge, M. D., New York, N. Y. Professor of Surgery New York Polyclinic Medical School and Hospital.
Subject, "Malignant Disease—A Survey."

9:30 a. m. Hasley J. Bagg, Ph. D. Biologist, Memorial Hospital, New York and Associate in Anatomy at Cornell University Medical School.
Subject, "Experimental Studies in Cancer of the Breast."

10:00 a. m. James E. King, M. D., Buffalo, N. Y. Professor of Gynecology, University of Buffalo Medical College.
Subject, "Carcinoma of the Cervix. (Illustrated).

10:30 a. m. Aldred Scott Warthin, Ann Arbor, Mich. Professor of Pathology, University of Michigan.
Subject, "The Present Status of the Cancer Problem."

11:00 a. m. to 1.00 p. m. William S. Stone, M. D., New York, N. Y. Surgeon to Memorial Hospital, New York, N. Y.
Clinic, "Malignant Neoplasm."

2:30 p. m. Henry R. Varney, M. D., Detroit, Mich. Professor of Dermatology, Detroit, College Medicine and Surgery, Detroit, Mich.
Subject, "Early Roentgenology in Detroit."

3:00 p. m. P. M. Hickey, M. D., Ann Arbor, Mich. Professor of Roentgenology, University of Michigan.
Subject, "History of American Roentgenology."

3:30 p. m. A. W. Crane, M. D., Kalamazoo, Mich.
Subject, "Influence of Roentgenology on Internal Medicine."

4:00 p. m. James T. Case, M. D., Battle Creek, Mich. Department of Surgery, Battle Creek Sanitarium.
Subject, "Influence of Roentgenology on the Practice of Surgery."

ANNUAL CONFERENCE OF COUNTY MEDICAL SOCIETY SECRETARIES OF THE MICHIGAN STATE MEDICAL SOCIETY

To be held in
Detroit, May 14, 1928

Crystal Ball Room, Book-Cadillac Hotel

2:00 p. m. President's Remarks.—H. E. Randall, President, Presiding.

2:15 p. m. Organizational Activities.—F. C. Warnshuis, Secretary.

2:45 p. m. Society Scientific Work.
Post-Graduate Conferences and Clinics.—J. D. Bruce, Ann Arbor.

3:15 p. m. Attendance—"Are You Coming to the County Meeting?"
—R. G. B. Marsh, Tecumseh.

3:45 p. m Securing Community Support.—Charles A. Neafie, Pontiac.

4:15 p. m. Round Table and Questions.—Conducted by the State Secretary.

5:00 p. m. Recess.

6:30 p. m. Dinner—(Crystal Ball Room).

7:30 p. m. Legislative Activities in New York State, "How It Was Done."
—W. H. Ross, M. D., New York City.

8:15 p. m. Michigan's Legislative Programs.
—Guy L. Kiefer, Chairman Legislative Committee.

Class reunions of Detroit College of Medicine and Surgery.

1872	1893	1913
1878	1898	1918
1883	1903	1923
1888	1908	1928

Those wishing to attend class reunion are urged to communicate with their class secretary as early as possible.

---

* The Trustees and Executive and Medical Staffs of Harper Hospital cordially invite the local and visiting physicians to inspect the new surgical wing and the new Roentgen Laboratory.

SECOND DAY

WAYNE COUNTY MEDICAL SOCIETY

G. Van Amber Brown, M. D., President of the Wayne County Medical Society Presiding.

May 15, 1928

Auditorium Maccabee's Building

8:00 a. m. Richard R. Smith, M. D., Grand Rapids, Mich.
Subject,

8:25 a. m. Miles F. Porter, M. D., Fort Wayne, Ind. Professor of Surgery, Indiana University Medical School.
Subject, "Hernia."

8:50 a. m. L. H. Newburgh, M. D., Professor Clinical Investigation, University of Michigan Medical School, Ann Arbor, Mich.
Subject, "Obesity," Analysis of the weight curve caused by under nutrition.

9:15 a. m. E. P. Sloan, M. D., Sloan Clinic, Bloomington, Ill.
Subject, "Two Kinds of Toxic Adenoma," with remarks on our diagnosis and treatment.

9:40 a. m. Geo. W. Crile, M. D., Professor Emer. of Surgery, Western Reserve University School of Medicine, Cleveland, Ohio.
Subject, "Factors Which Control the End-Results of Operations on the Gall Bladder and Thyroid Gland."

10:05 a. m. Ross McPherson, M. D., Professor Obstetrics and Gynecology, New York Polyclinic Medical School.
Subject,

10:30 a. m. Gordon K. Dickinson, M. D., Jersey City, N. J.
Subject, "Insults in Surgery."

10:50 a. m. A. B. Macallum, M. D. Professor Bio. Chem., University of Western Ontario.
Subject, "The Recent Advances in Knowledge of the Fat Soluble Vitamines."

11:15 a. m. M. Pierce Rucker, M. D. Associate Professor Obstetrics, Medical College Virginia.
Subject, "The Use of Lipiodol in the Early Diagnosis of Pregnancy."

11:40 a. m. James E. King, M. D., Professor of Gynecology, University of Buffalo Medical School.
Subject, "A Discussion of the Pathology of the Appendix."

12:00 m. to 12:25 p. m. Dr. Walter R. Campbell, Toronto, Ont.—Subject, "The Pre-Operative and Post-Operative Treatment of the Goitre Patient."

1:35 p. m. Foster S. Kellogg, M. D., Boston, Mass.—"High Forceps."

2:00 p. m. Millard F. Arbuckle, M. D., Assistant Professor Clinical Oto-Laryngology, Washington University School of Medicine, St. Louis, Mo.
Subject, "Infected Sinuses."

2:25 p. m. Wm. E. Lower, M. D., Associate Professor of Genito-Urinary Surgery, Western Reserve University School of Medicine.
Subject, "Surgery of Ureter."

2:50 p. m. Henry D. Furniss, M. D., Professor Gynecology, Columbia University, New York City.
Subject, "Post-Operative Renal Infection."

3:15 p. m. Halsey J. Bagg, Ph. D. Memorial Hospital, New York, N. Y.
Subject, "X-Ray and the Alteration of the Germplasm."

3:55 p. m. F. B. Granger, M. D., Boston Mass.
Subject, "The Present Status of Physical Therapy."

4:25 p. m. Edward Speidel, M. D., Clinical Professor of Obstetrics, University Louisville School of Medicine, Louisville, Ky.
Subject, "Obstetrical Emergencies in the Home."

4:50 p. m. Robert D. Mussey, M. D. Obstetrical Section, Mayo Clinic, Rochester, Minn.
Subject, "Nephritis in Relation to the Toxemias of Pregnancy."

5:15 to 5:40 p. m. Thos. B. Noble, M. D., Indianapolis, Ind.
Subject, "Gastric or Duodenal Ulcer."

EVENING SESSION

7:30 p. m. Harold A. Miller, M. D., Professor of Obstetrics, University of Pittsburgh School of Medicine, Pittsburgh, Pa.
D. B. Martinez, M. D., Pittsburgh, Pa.
Subject, "Liver Extract in the Late Toxemias of Pregnancy."

8:20 p. m. James D. Bruce, M. D., Ann Arbor, Mich. Director of Department of Post-Graduate Medicine, University of Michigan.
Subject, "The Responsibility of the Practising Physician in Medical Education."

8.30 p. m. Chester W. Waggoner, M. D., Toledo, Ohio.
Subject, "The Doctor's Duty to His Colleagues and the Public."

8:55 p. m. G. K. Dickinson, M. D., Jersey City, N. J.
Subject, "The Education of the Physician.

9:05 p. m. Wm. M. Donald, M. D., Detroit, Mich.
Subject, "Presentation of prize to winner for best essay for the year, in the Noonday Study Club."

9:15 p. m. G. Van Amber Brown, M. D., President Wayne County Medical Society, Detroit, Mich.
"Retiring Address."

9:35 p. m. Announcing results of the election.
Introduction of new officers.

THIRD DAY

ALUMNI ASSOCIATION DETROIT COLLEGE OF MEDICINE AND SURGERY

W. P. Woodward, President Alumni, Presiding.

May 16, 1928

Auditorium of the College

7:35 a. m. Richard McKean, M. D., Detroit, Mich.
Subject.

8:00 a. m. Alexander W. Blain, M. D., Professor of Surgery, Detroit College of Medicine and Surgery, Detroit, Mich.
Subject, "Direct Blood Transfusion."

8:20 a. m. Ralph A. Kinsella, M. D., Professor of Medicine, St. Louis University School of Medicine, St. Louis, Mo.
Subject, "Pathogensis of Rheumatism."

8:40 a. m. Guy L. Kiefer, M. D., Commissioner of Health, Lansing, Mich.
Subject, "Advances in Public Health Work."

9:00 a. m. James E. Davis, M. D. Professor of Pathology, Detroit College of Medicine and Surgery, Detroit, Mich.
Subject, "The Five Most Important Gross Pathological Tissue Changes."

9:20 a. m. Chas. S. McVicar, M. D. Mayo Clinic, Rochester, Minn.
Subject, "Intestinal Obstruction and Ileus Observations on the Nature and Treatment of Associated Toxemia.

10:20 a. m. Chas. P. Emerson, M. D., Indianapolis, Ind. Dean, Inidana University School of Medicine.
Clinic, Medical.

11:05 a. m. to 11:30 a. m. Alexander M. Campbell, M. D., (Consulting Surgeon and Obstetrician), Blodgett Memorial Hospital, Grand Rapids, Mich.
Subject, "Some Problems in the Management of Female Sterility."

11:30 a. m. to 12:30 Cyrus C. Sturgis, M. D. Director of the Simpson Memorial Institute, Ann Arbor (University of Michigan), Ann Arbor, Mich.
Subject, "Pernicious Anemia and Other Forms of Blood Disease.

1:30 p. m. John Alexander, M. D., Assistant Professor of Surgery, University of Michigan, Ann Arbor, Mich.
Subject, "Pulmonary Tuberculosis." (Illustrated).

2:00 p. m. John T. Watkins, M. D. Associate Professor Medicine, Detroit College Medicine and Surgery, Detroit, Mich.
R. E. Cumming, M. D., Instructor, Detroit College Medicine and Surgery, Detroit, Mich.
Subject, "Significance of Uretral Stricture in Relation to Abdominal and Other Symptoms." (Illustrated).

2:50 p. m. C. F. McClintic, M. D. Professor of Anatomy, Histology and Embryology, Detroit College of Medicine and Surgery, Detroit, Mich.
Subject, "Neural Surgery of the Vegative Nervous System."

3:10 p. m. L. M. Warfield, M. D., Milwaukee, Wis.
Subject, "Hypothyroidism."

3:35 p. m. C. C. Birkely, M. D. Roentegnologist, Detroit, Mich.
Subject, "Difficulties in the Roentgen Diagnosis of Pulmonary Tuberculosis in Children."

4:00 p. m. Roy B. Canfield, M. D., Professor Oto-Laryngology, University of Michigan Medical School, Ann Arbor, Mich.
Subject, "Clinical Importance of Sinus Infections."

4:30 p. m. Wm. T. Coughlin, M. D., St. Louis, Mo. Professor of Surgery and Director of Department, St. Louis University School of Medicine.
Subject, "The Modern Treatment of Trigeminal Neuralgia Major and Its Cure Under Local Anesthesia."

4:55 p. m. Stanley W. Insley, M. D., Detroit, Mich.
Subject, "The Short Interval Method in the Treatment of Hay Fever."

5:10 to 5:50 p. m. Kellogg Speed, M. D., Associate Professor of Surgery, Rush Medical College, University of Chicago, Ill.
Subject, "Unhappy Results Following Fractures."

EVENING SESSION

7:30 p. m. G. Clark Mosher, M. D., Kansas City, Mo. Attending Obstetrician Kansas City General and Trinity Lutheran Hospitals.
Subject, "The Menace of Abortion."

7:55 p. m. B. R. Corbus, M. D., Grand Rapids, Mich.
Subject, "Argument for the Medical Treatment of Peptic Ulcer."

8:15 p. m. W. H. Marshall, M. D., Flint, Mich.
Subject, "The Diagnostic Significance of Cardiac Pain."

9:00 p. m. Smoker. Alumni, Detroit College of Medicine and Surgery at auditorium of the college. John B. Deaver, M. D., speaker of the evening. Visiting physicians are invited to attend.

FOURTH DAY

May 17, 1928

Amphitheatre at Harper Hospital

8:00 a. m. Andre Crotti, M. D., Columbus, Ohio. Prof. Clin. Surg. Ohio State University.
Goitre Clinic.

10:00 a. m. Channing W. Barrett, M. D., Chicago, Ill. Professor of Gynecology, University of Illinois Medical School.
Gynecologic Clinic.

11:00 a. m. Carl A. Hedblom, M. D., Chicago, Ill. Professor of Surgery, University of Illinois College of Medicine.
Clinic, "The Surgical Treatment of Pulmonary Tuberculosis."

2:00 p. m. A. M. Mendenhall, M. D., Indianapolis, Ind. Professor and Head of Department of Obstetrics Indiana University School of Medicine.
Dry Clinic or Obstetric operative procedure.

3:00 p. m. John A. Oille, M. D., Toronto, Ont. Assistant Professor, University of Toronto Faculty of Medicine.
Medical Clinic.

4:00 p. m. John B. Deaver, M. D., Philadelphia, Pa. Emeritus Professor of Surgery, University of Pennsylvania School of Medicine.
Surgical Clinic.

INFORMATION

REGISTRATION: Those attending will please register at the Headquarters of the Wayne County Medical Society, 11th floor, Maccabee Building. A registration fee of $5.00 will be charged all those not presenting a Membership Card of the Michigan State Medical Society or the Alumni Association Detroit College of Medicine and Surgery. Members may register at Harper Hospital and Detroit College of Medicine and Surgery.

HOTELS: Detroit has ample hotel accommodations.

MEETING PLACES: These are designated in the program of each day.

MAIL AND TELEGRAMS: These may be sent care of the Wayne County Medical Society, 11th Floor, Maccabee Building.

LADIES: Entertainment will be provided for the ladies by the Woman's Auxilliary of the Wayne County Medical Society. The Detroit Woman's Club extends the hospitality of their club to visiting ladies.

CLUB ROOM: The Club Rooms of the Wayne County Medical Society are open to all. Luncheon Rooms and Rest Rooms are at your service.

COUNTY SECRETARIES' DINNER will be limited to County Secretaries and Officers. Visitors are welcome to the After Dinner Addresses.

STATE REGULATION OF MEDICAL PRACTICE: A SUMMARIZATION OF LAWS AND OPINIONS

MICHIGAN STATE MEDICAL SOCIETY'S LEGISLATIVE COMMISSION

Guy L. Kiefer, Chairman; J. B. Jackson, J. E. McIntyre, John Sundwall, C. F. McClintic, W. H. Marshall, F. C. Warnshuis, Secretary.

Submission—The Legislative Commission of the Michigan State Medical Society was created by its House of Delegates in adopting the following resolution:

"In view of past experiences and by reason of sentiment encountered your Council now declares that the time has come when definite plans and policies must be determined upon for the purpose of conducting an educational campaign for the enlightenment of the public and the profession. That following such a campaign a bill be introduced in the next legislature that will create a revision of the law, the establishment of a Board that shall govern all who hold forth as being capable to treating the sick and to provide enforcement procedures. Such a campaign is imperative. To that end does the Council recommend that you authorize appointment by the President, confirmed by the Council, of a Special Legislative Commission, of five members, directed by the Secretary and advised by the Executive Committee of the Council. That this Legislative Commission be charged to conduct such an educational campaign, and prepare a suitable bill for introduction in the Legislature and that the Council be authorized to appropriate the requisite funds."

COMMITTEE ACTIVITY

Upon organization the general problem confronting this Commission was considered. It was deemed highly advisable that the Commission should have at its disposal informative information relative to the laws and legislative activity in all the states of the Union.

To obtain that information the appended questionnaire was sent to the Secretaries of the State Registration Boards and Medical Societies. A partial tabulation of the replies and comments are herewith imparted for the information and study of all who may be interested.

The Commission is now endeavoring to write a new Medical Practice Act. When such a new act is finally approved it will be imparted to our members.

MICHIGAN STATE MEDICAL SOCIETY QUESTIONNAIRE

(Please answer and return in enclosed addressed envelope to F. C. Warnshuis, M. D., Secretary, 1508 Grand Rapids National Bank Building, Grand Rapids, Michigan. The information obtained from all the states will be made available to you.)

1. When was your present medical practice law enacted?.....
2. When was it amended, if at all?.....
3. State briefly the nature of any amendments.
.....
4. Are the cults represented by membership on your Board of Registration?.....
(b) What cults?.....
5. If not represented, do they have independent boards? .....
(b) How many boards and what cults?.....
.....
6. Do you consider your present Practice Act satisfactory?.....
7. What are the criticisms?.....
8. Has your Board or State Medical Society taken any action or is action contemplated to revise your law?.....
(b) If so, what?.....
9. Give approximate number of irregulars practicing in your State:
Osteopaths .....
Chiropractors .....
All other cults .....
10. Has your Legislature enacted a Basic Science Law? .....
If so, when?.....
If not, is such a law contemplated".....
.....
11. Can Osteopaths and Chiropractors sign death certificates? .....
12. Can they obtain Harrison Narcotic permits to prescribe opium and its derivatives?.....
.....
13. Are their number increasing or diminishing in your state?.....
14. Are they permitted to practice in hospitals?
.....
15. Do you have annual registration of doctors?
.....
16. What, in your opinion, are the essentials that should be incorporated in an effective Medical Practice Law?.....

SUMMARY

The value of the replies to some of the questions was considerably lessened by the fact that those from the same state were directly contradictory. In these cases the states were omitted from the final tabulation.

There seemed to be confusion as to the scope of the term "cults". In tabulating, it was taken to include osteopaths, chiropractors, naturopaths and drugless healers, and not eclectics, homeopaths, chiropodists nor optometrists.

Answers to the question as to whether

the cults were increasing or diminishing were so very contradictory and so frequently a matter of obviously personal opinion that no tabulation was made.

In 30 states the cults had no representation on the Board of Registration in Medicine. Of these states, 26 had independent boards for osteopaths, 24 had boards for chiropractors, 2 had boards for homeopaths, 1 for naturopaths, and 1 for eclectics. Four states, Alabama, Mississippi, Ohio and South Carolina, reported no cult representation and no independent boards.

In the 12 states reporting cult membership on the Board, osteopaths only were represented in 8 states, both osteopaths and chiropractors in 3 states, and chiropractors only in 1 state.

Twelve states did not recognize chiropractors in any way.

Twenty-one states reported Medical Practice laws satisfactory. Seven of these, however, contemplated revision, and only 13 reported no change planned.

Nineteen states judged their laws unsatisfactory. Of these, 14 contemplated revision, and 4 reported no action planned. Revisions were largely along the lines of a basic science law or annual registration of physicians.

Basic Science laws have been enacted in 5 states, Connecticut (1925) Minnesota (1927), Nebraska (1927), Washington (1927), and Wisconsin (1925). Thirty-seven states reported no such law.

In 14 states such a law is contemplated, and in 19 it is not. Three states did not answer, and in one the replies were directly contradictory.

Georgia attempted to pass such a law in 1927, but it was defeated, and Kansas had the same experience in 1927.

New Mexico does not favor a basic science law in a state with a small population.

Indiana—"No need of such a law with a single medical board."

Arizona—"We tried for a basic science law. It was not even voted on. In retaliation the legislature deprived the medical board of funds, so that it could not function. Better know your public. Never again!"

Washington—"As president of the Public Health League last year, my main object was to pass the basic science law covering the qualifications of any applicant who wished to practice the healing art in our state. It has practically cured the cult evil for the present in our state, as they know they are too ignorant to pass any sort of basic science examination and therefore do not apply. Of those who have applied, two have received passing grades."

Texas—"Our legislature has never considered the so-called basic science law. We think that the present law goes a basic science law one better. We do not agree that a board of laymen should be allowed to say who shall enter a medical college, or who shall take an examination for the practice of medicine, under any circumstances. We are content to say that applicant for license to practice medicine in this state shall have attended a reputable college for two years, a reputable and recognized medical school for four years, and who has served an internship in a recognized general hospital. It would be hard to get around that. Then we say that the state has no right to tell a doctor what sort of medicine he shall practice or how he shall practice it. The state can only ascertain whether or not the applicant is sufficiently well informed in the fundamental subjects involved in preparation for the practice of medicine, and not involving the method of practice. If the state should say that this, that, or the other system of practice is the proper one, it would not mean anything. The state does not know. Neither can the state enforce a law which would require a doctor to follow any particular system. Therefore, it can only go back to the fundamental principles about which educated people do not differ. They are as follows: Anatomy, physiology, chemistry, histology, pathology, bacteriology, diagnosis, surgery, obstetrics, gynecology, hygiene, and medical jurisprudence."

Death certificates can be signed by osteopaths in 33 states, by chiropractors in 24 states, and by neither osteopaths nor chiropractors in 8 states.

In 22 states osteopaths can obtain Harrison Narcotic permits to prescribe opium and its derivatives, in 3 states chiropractors can obtain such permits, and in 20 states such permits are granted to neither osteopaths nor chiropractors.

In 8 states osteopaths were permitted to practice in hospitals, and in 3 of these chiropractors were admitted also. In 33 states neither osteopaths nor chiropractors were given this privilege.

Thirteen states have annual registration of physicians while 28 have no such provision. In 9 states the passage of such a law is contemplated.

ARE THE CULTS REPRESENTED ON YOUR BOARD OF REGISTRATION?

No	Yes	Which?	Independent Boards
Alabama			No
	Arizona	Osteopaths	Chiropractors
Arkansas			Eclectics, Homeos, Osteopaths
California			Osteopaths and Chiropractors
	Colorado	Osteopaths	No
Connecticut			Osteopaths, Chiropractors and Naturopaths
	Delaware	Osteopaths	Homeopaths
Georgia			Osteopaths and Chiropractors
Idaho			Osteopaths and Chiropractors
	Illinois	Osteopaths and Chiropractors	No
	Indiana	Osteopaths and "Drugless healers"	No
Iowa			Osteopaths and Chiropractors
Kansas			Osteopaths and Chiropractors
Louisiana			Osteopaths
Maine			Osteopaths and Chiropractors
Maryland			Osteopaths, Homeopaths, and Chiropractors
Minnesota			Osteopaths and Chiropractors
Mississippi			No
Missouri			Osteopaths and Chiropractors
Montana			Osteopaths and Chiropractors
Nebraska			Osteopaths and Chiropractors
Nevada			Osteopaths and Chiropractors
New Hampshire			Chiropractors
	New Jersey	Osteopaths and Chiropractors	No
New Mexico			Osteopaths and Chiropractors
	New York	Osteopaths	No
N. Carolina			Osteopaths and Chiropractors
North Dakota			Osteopaths and Chiropractors
Ohio			No
Oklahoma			Osteopaths and Chiropractors
	Oregon	Osteopaths	Chiropractors and Naturopaths
Pennsylvania			Osteopaths
Rhode Island			Osteopaths and Chiropractors
S. Carolina			No
South Dakota			Osteopaths and Chiropractors
	Texas	Osteopaths	None
Utah			Osteopaths and Chiropractors
Vermont			Osteopaths and Chiropractors
	Virginia	Osteopaths	No
Washington			Osteopaths, Chiropractors, and Drugless Physicians
	West Virginia	Chiropractors	Osteopaths
	Wisconsin	Osteopaths	Chiropractors

DO YOU CONSIDER YOUR PRESENT PRACTICE ACT SATISFACTORY?

Yes	No	Revision Contemplated
Alabama		No
	Arizona	Yes
Arkansas		Yes
California		No
	Colorado	Yes
Connecticut		No
	Delaware	No
	Idaho	No
Illinois		No
Indiana		Yes
	Kansas	Yes
Louisiana		No
	Maine	Yes
Maryland		No
Minnesota		No
Mississippi		No
	Missouri	Yes
	Montana	Yes
Nebraska		No
	Nevada	Yes
	New Hampshire	No
	New Jersey	Yes
New Mexico		Yes
New York		No
North Carolina		Yes
North Dakota		No
	Ohio	No
	Oklahoma	Yes
	Oregon	Yes
Pennsylvania		Yes
Rhode Island		No
South Carolina		?
	South Dakota	Yes
	Texas	Yes
	Utah	?
	Virginia	Yes
Vermont		No
Washington		Yes
	West Virginia	Yes
Wisconsin		Yes

HAS YOUR LEGISLATURE ENACTED A BASIC SCIENCE LAW?

Yes	No	Contemplated?
	Alabama	No
	Arizona	"Never again"
	Arkansas	Yes
	California	No
	Colorado	No
Connecticut		
	Delaware	No
	Georgia	Yes (Defeated June 1927)
	Idaho	Yes
	Illinois	No
	Indiana	No
	Iowa	?
	Kansas	Yes (Attempted 1927)
	Louisiana	No
	Maine	Yes
	Maryland	No
Minnesota		
	Mississippi	Yes
	Missouri	"Not soon"
	Montana	"Not at present"
Nebraska		
	Nevada	Yes
	New Hampshire	No
	New Jersey	"No"—"Yes"
	New Mexico	No
	New York	No
	North Carolina	No
	North Dakota	Yes
	Ohio	No
	Oklahoma	"In the nebulous future"
	Oregon	Yes
	Pennsylvania	Yes
	Rhode Island	No
	South Carolina	?
	South Dakota	Yes
	Texas	No
	Utah	Yes
	Virginia	?
	Vermont	"Not at present"
Washington		
	West Virginia	Yes
Wisconsin		

CAN OSTEOPATHS AND CHIROPRACTORS SIGN DEATH CERTIFICATES?

Osteopaths	Chiropractors	Neither
		Alabama
Arizona	Arizona	
		Arkansas
California	California	
Colorado		
Connecticut		
Delaware		
Georgia	Georgia	
Idaho	Idaho	
Illinois	Illinois	
Indiana	Indiana	
Iowa	Iowa	
Kansas	Kansas	
Louisiana		
		Maryland
Minnesota		
		Mississippi
Missouri	Missouri	
Montana	Montana	
Nebraska	Nebraska	
		Nevada
New Hampshire	New Hampshire	
New Jersey	New Jersey	
New Mexico	New Mexico	
		New York
North Carolina	North Carolina	
North Dakota	North Dakota	
Ohio		
Oklahoma	Oklahoma	
Oregon	Oregon	
Pennsylvania		
Rhode Island		
		South Carolina
South Dakota	South Dakota	
Texas	Texas	
Utah	Utah	
Vermont	Vermont	
Virginia (limited)	Virginia (limited)	
Washington	Washington	
		West Virginia
Wisconsin		

CAN OSTEOPATHS AND CHIROPRACTORS OBTAIN HARRISON NARCOTIC PERMITS TO PRESCRIBE OPIUM AND ITS DERIVATIVES?

Osteopaths	Chiropractors	Neither
		Alabama
Arizona	Arizona	
		Arkansas
California (limited)		
Colorado		
		Connecticut
Delaware		
		Georgia
		Idaho
		Illinois
Indiana		
Iowa		
Kansas	Kansas	
Louisiana		
		Maine
		Maryland
Minnesota (limited)		
		Mississippi
Missouri		
		Montana
Nebraska		
		Nevada
New Hampshire (limited)		
		New Jersey
		New Mexico
		New York
		North Carolina
		North Dakota
Ohio (limited)		
Oklahoma (limited)		
		Oregon
Pennsylvania		
Phode Island		
		South Carolina
South Dakota		
Texas	Texas	
Utah		
		Vermont
Virginia (limited)		
Washington (limited)		
		West Virginia
Wisconsin (limited)		

ARE OSTEOPATHS AND CHIROPRACTORS PERMITTED TO PRACTICE IN HOSPITALS?

Osteopaths	Chiropractors	Neither
		Alabama
		Arizona
		Arkansas
Colorado		
		Connecticut
		Delaware
		Georgia
		Idaho
Illinois (without drugs)	Illinois (without drugs)	
		Indiana
Iowa	Iowa	
		Kansas
		Louisiana
		Maine
		Maryland
		Minnesota
		Mississippi
		Missouri
		Montana
		Nebraska
		Nevada
		New Hampshire
		New Jersey
		New Mexico
		New York
		North Carolina
		North Dakota
		Ohio
		Oklahoma
		Oregon
		Pennsylvania
		Rhode Island
		South Carolina
		South Dakota
Texas		
Utah		
		Vermont
Virginia	Virginia	
		Washington
West Virginia		
Wisconsin		

DO YOU HAVE ANNUAL REGISTRATION OF DOCTORS?

Yes	No
Alabama	
	Arizona
	Arkansas
California	
	Colorado
Connecticut ($2)	
Delaware	
	Georgia
Idaho ($2)	
	Illinois
	Indiana
Iowa	
	Kansas
Louisiana	
	Maine
	Maryland
Minnesota	
	Mississippi
	Missouri
	Montana
Nebraska	
	Nevada
	New Hampshire
	New Jersey
	New Mexico
New York	
	North Carolina
	North Dakota
	Ohio
	Oklahoma
Oregon	
Pennsylvania	
	Rhode Island
	South Dakota
	Texas
Utah	
	Vermont
	Virginia
	Washington
	West Virginia
	Wisconsin

WHAT, IN YOUR OPINION, ARE THE ESSENTIALS THAT SHOULD BE INCORPORATED IN AN EFFECTIVE MEDICAL PRACTICE LAW?

ARIZONA

The basic science law will accomplish it. Another act is to stop all state board examinations and license only those who pass the national board. In 20 years that will clean things up. I have studied this question for 20 years. The public is not with organized medicine and is getting farther away every year. Under a vigorous campaign of education, this will change in time. Our own actions and practices have alienated the public. Reason: talk with any recent graduate, 95% have their minds on major operations at high figures and material success.

ARKANSAS

Uniform minimum standard of educational requirements for admission into medical schools. Rigid salutary rules in dealing with unethical procedures and practices; solicitation of patients, splitting fees, etc.

CALIFORNIA

See enclosed 1924 annual report; page 23. Should have a comprehensive group of subdivisions under which licensed individuals may be disciplined for unprofessional conduct, particularly narcotic derelictions.

COLORADO

Annual Registration. Elimination of inferior schools. Sufficient funds preferably by continued appropriation to enable boards to exercise suitable supervision and disciplinary power over its licentiates.

"—An ideal law should require all who practice the healing art to show basic science knowledge, adequate opportunity for elemental and scientific training, with a knowledge generally regarded necessary to recognize disease in its common forms. If the principle of cult license must be recognized, it should be definitely determined and limited in the law. One board should control all licensure. The administrative powers should be definite and as far as possible the decisions of the board should be final, limited only by a writ of certiorari which goes only to the question of the board's having given a full hearing or not. Each day's practice without a license should be designated a separate offense, and different methods of procedure should be authorized to meet emergencies and prevent procrastinations in trials.

DELAWARE

Basic Science Law. Single Board.
"—One Board instead of two."

GEORGIA

The new law passed in New York seems to us to be the best. We think the elimination of cults in our state can be brought about by passing the Basic Science law since this seems to be easier than passing a new medical practice act. The model Basic Science law was introduced in our legislature last year and passed the Senate and was recommended favorably by the Reference Committee in the House, but never reached the vote in the House because of the "jam" in the last few days of the session. We expect to pass it at the next session which meets in 1929.

IDAHO

(a) A good substantial court proof definition of the practice of medicine. This is very essential.

(b) From experience I would recommend incorporating in your new Medical Practice Act a strong injunction clause. Idaho has such a clause in its dental law and it has proved a God-send to the profession. Having an injunction feature in your law enables you to stop persistent violators of the Medical Practice Act.

(c) Annual registration or renewal may be all right provided that the money is turned over to the Medical Examining Board. When Idaho's renewal law was passed it was turned over to the Board but the legislature, two years later, passed a law putting it into the general fund. This arrangement is an abomination.

ILLINOIS

Our attached law covers this question. In the main it is satisfactory.

"—The Medical Practice Act must first so feature the training of a student that he receives adequate instruction on all the sciences and angles leading up to the best known methods of complete diagnosis. His qualifications to do so should be tested by examiners who come from schools recognizing all necessary in diagnosis. He should then be allowed, with this knowledge, to follow such a course as will train him to thoroughly treat a human ailment when he has determined its nature, by such system as he feels will do the patient, in that particular ailment, the most good. The law should contemplate that schools recognized are careful in the selection of their staff, careful in the selection of a supervised internship before the issuance of a diploma, and careful in having adequate equipment. The Medical Practice Act should show the uninitiated public by penalty clauses that they are further seeking to protect the public against those who would commercialize human life by various questionable methods irrespective of the system, whether it be regular or irregular.

INDIANA

1. Single board for all schools of healing.
2. Single standard of pre-medic educational requirements for all schools of healers.
3. Right of the Board to specify what shall constitute a "reputable" school.
4. Injunction feature which makes the law enforceable.
5. Broad definition of the "practice of medicine." (See page 11 of enclosed booklet).

"—Annual registration. Revocation clause a la North Carolina. State appropriation. Full-time inspectors. Adequate compensation for Board members. Our's is $6.00 per day. Basic Science law, of the non-retroactive type. That is, one who is now legally registered in Indiana, should be able to register in Michigan, via reciprocity, regardless of the Basic Science law."

IOWA

Have all practitioners of the healing art take examinations in all essential branches except materia medica (or pharmacology) and therapeutics —the latter being left to a special examining board or member of the examining board. I do not think that the Basic Science law is the best solution. I prefer the system in vogue in Kentucky and Alabama.

KANSAS

I think we have a good medical act in Kansas, but it only applies to the doctor of medicine. If we could succeed in having the law amended striking out the joker which permits the osteopath and the chiropractor to treat disease with medicine, I would be satisfied with it.

LOUISIANA

Our present act has proven effective thus far.

MAINE

Pre-educational requirements. If possible a composite board for all those practicing the healing art.

"—Give the rights and privileges to practice medicine and surgery to the qualified and keep these damned quacks and ignorant cultists where they belong. Don't recognize them in any way. Fight them first, last, and always."

MARYLAND

A law to contain provision for ascertaining that the applicant has received thorough training in medicine according to modern educational standards and that he is of good character. It should also contain provision for the revocation of any licenses when gross irregularities of conduct shall be exhibited.

MINNESOTA

Requirements for licensure. Grounds for revocation of license. Annual Registration. Enforcement of the law. Penalty.

MISSOURI

That there should be a Basic Science law and yearly registration.

MONTANA

Very similar to a Basic Science law, re-registration.

NEBRASKA

It would take too long and probably would be worthless for us to detail our ideas of medical practice law. Personally, we believe the ideal medical practice act would require one board and one only, and have it so constructed that all who desire to practice the healing art would be required to pass such a board for licensure. The general principles incorporated in the average Basic Science law.

NEVADA

Class A. school. Two years of pre-medical. One year's practice or one year internship.

NEW HAMPSHIRE

"Now you're talking." I find public opinion regulates "Medical Practice" whatever the law may be. You can only drive out the quack when public opinion is made to see "how raw he is." The county solicitors whose duty it is to enforce the law, are elected by the people, and if the people honestly or otherwise, want the quack, or see no harm in his treatments, the solicitor just doesn't function to drive him out. I believe in a Basic Science law, such a law pushes them all up to same *old* standard, then let the M. D.'s run their own *show, and ten to it.* Have the right men on the board and co-operate with the State Medical Society in order to have their interest.

NEW JERSEY

1. A composite board representing the various schools of practice. The New Jersey Board is made up of 5 graduates of the regular school, 3 homeopaths, 1 osteopath, 1 eclectic and 1 chiropractor. All candidates for license under any of these branches come before the same board.
2. Four years high school education for all candidates, and such extra pre-professional education as may be thought best for the medical men. Graduation from a school of practice giving a definite course. This school to meet the approval of the State Board of Medical Examiners. Give the Board power to rate the schools and to consider the school from which a candidate comes as being very much more of a credential than what he actually does in the examination.
3. Examination provided in all of the so-called basic sciences to be given to all candidates. Special examination to be given to candidates from certain schools of practice in the subjects peculiar to their school of practice. Examination in these subjects to be given by the member of the Board representing that school. The examination in the basic sciences to be given to all candidates by the same member of the board, irrespective of what school of practice he comes from.
4. Strong enforcement clause. Power of enforcing the law should be in the hands of the Board, operating through the attorney general. It should not be left to the County prosecutors. These cases should be heard before a judge, eliminating a jury. The penalties should be made sufficient to more than cover the cost of prosecutions. In New Jersey the penalty is two hundred dollars for the first offense and five hundred dollars for the second, with a jail sentence as an alternative.

We, in New Jersey, feel that the New Jersey law, which has now come down since 1890, with amendments, is one of the strongest and best in the United States. We trust that this is a pardonable pride, and feel that any State contemplating changes in their medical practice acts, would do well to study the New Jersey statutes. We are enclosing herewith, a copy of the Medical Practice Act, or rather the sections covering the requirements and procedure for prosecutions, the osteopathic act and the act permitting the Board to issue limited licenses, Chapter 136, P. L. 1921, which takes care of the chiropractors and any other cult that may develop in the future.

The Board also administers the law in regard to the chiropodists and midwives, but as this class of licentiate is not under discussion at this time, we are not sending the laws governing same.

"—High standards of preliminary education. High standards of professional education. One State Board of Medical Examiners for all branches of the healing art. Provisions for reciprocity. Protection of the title 'Doctor' reserving it for practitioners in medicine only. A 'Grievance Committee' as in the New York law. Ample penalty clauses with specific provisions for imposing and collecting fines. No limited licenses." (These were forced upon us in 1915 to keep out separate boards for the cults, who are powerful in this state).

NEW MEXICO

We believe the copy of bill enclosed herewith contains all the essentials for New Mexico under present conditions. We regard a law providing for one board to license all who offer to treat the sick and afflicted with a working majority of regular physicians, and the rights of the minority so guarded that should the majority so desire, they could do no injustice to the minority. Such a law would soon eliminate the cults as under present conditions they do not enforce the provisions of their laws. With the enforcement of the educational provisions of their present law the chiropractors would soon be eliminated. We feel the injunction provision in our proposed law as an essential enforcement provision.

NORTH CAROLINA

1. A minimum legal requirement of two years standard preliminary college education.

2. At least four years medical education in a school having an approved course.
3. High moral standards as a requirement for admission to the examinations of the Board.
4. The fullest discretion on the part of the Board both as to admission to the examinations and the conduct of same.
5. Full discretion on the part of the Board as to the revocation of a license for misconduct, with detailed machinery set up wherein a hearing may be had, witnesses summoned and oaths administered.
6. Full discretion on the part of the Board in the granting of license to experienced physicians coming from other states, and without written examinations.
7. Severe penalty for unlicensed practice, and the same section should contain a clear legal definition of what constitutes the practice of medicine.
8. Annual registration with the Board instead of the one permanent registration in the county where the physicians expect to practice.
9. Full responsibility for the enforcement of the law to be placed with the Board, to be executed by a whole-time officer.
10. Requirements that the Board shall establish and maintain an adequate system of records.

NORTH DAKOTA

1. Have the Medical Practice Act concise espepecially as to the definition of the Practice of Medicine.
2. The same entrance requirements for all who practice the healing art.
3. A good, clear Basic Science law (no compromise or quibbling in order to get one incorporated in your Act).

OHIO

An effective Medical Practice Act will provide for a single standard for those who are permitted to treat the sick. It should be administered by a medical board. I do not believe farming out any part of the examination to laymen will enhance its value. Too, it should provide for reciprocity or endorsement of credentials (choose your term) of an individual holding proper credentials and of good ethical practice and moral character with the least amount of annoyance and delay, though time should be taken for necessary investigation of each applicant. The enforcement section should receive careful study and should provide for speedy trial and adequate penalty.

"—(a) A 'single standard' for all those who treat the sick is probably the first desirable essential."

(b) A high grade professional medical board detached from other departments of government such as departments of public instruction, etc.

(c) Definition in the practice act so that violations are considered "general offenses" with duty imposted on local enforcement officials to prosecute offenders just as in the case of burglary, bootlegging, assault, etc. In other words, not to have the entire responsibility for enforcement placed on the medical board itself.

(d) Definitely high standards defined in the practice act which must be met by all those who treat the sick.

(e) As important as any for the right sort of professional personnel on the medical board, for the exact wording of laws are seldom as important as the character of the individuals entrusted with judicial, administrative, and enforcement powers.

OKLAHOMA

Those based on common sense—built up from past experience. I believe one of the stumbling blocks to sensible medical legislation lies in our own profession. Every proposed medical act, almost, is vulnerable, in that those who must pass it, the non-medical laity, are led to believe that it is biased and favors an entrenched medical profession to the injury of certain cults who, honestly or otherwise, think they have something worth while to offer.

OREGON

Osteopaths disappearing since 1911 when they came under M. D. Practice Act, taking examination in osteopathy instead of practice of medicine —if we had Basic Science and injunction, and same law to cover all cults and M. D's, we would be well satisfied.

PENNSYLVANIA

1. Equal requirements in preliminary and basic science medical studies, two years.
2. At least one year in diagnosis, pathology, bacteriology, dietetics, and preventive medicine, with thorough cult training, in the third year. Preferably, also, a similar course in a fourth year.
3. The school year should mean at least 32 weeks, of 35 hours each week.
4. Annual registration of all licensed of at least $2.00, the money to be available for enforcement of the act.
5. Exacting and practicable enforcement clause which will assure unhampered execution of the same.

RHODE ISLAND

I approve of the annual registration of physicians. I think, however, such an act would not meet with the approval of the medical profession in this state. I believe it is necessary to have a very definite and comprehensive definition of the practice of medicine. Otherwise it is difficult to prosecute offenders under the act. The Board of examiners should have the right to suspend temporarily the license of any practitioner for unprofessional conduct, drunkenness and other minor offenses. The time has come when reciprocity between states, the requirements of which are high, should be adopted. This and many other important matters will be seriously considered at the next meeting of the Federation of State Medical Examining Boards of the United States to be held in Chicago in February. As President of that Federation, I am deeply concerned in the general recommendation by that Federation of some of these important matters.

SOUTH DAKOTA

Basic Science law. Annual registration a "Composite Board for the Healing Art."

TEXAS

The essentials of the Medical Practice Act will be different in different states, according to their respective constitutions. When we have corrected our present medical practice act by a few additional amendments, I will consider that it embraces all of the essentials, so far as we are concerned, and I will feel that with minor changes the law would fit most of the other states. With due regard for the constitutional provisions of the state, the law should require that all persons engaged in the vocation of keeping people from getting sick, or attempting to cure them once they have become ill, should be required to first

have taken a reasonably broad general education and then to have familiarized themselves with the subjects commonly taught in the medical colleges, except these which have to do directly with the art of medicine, which the state should look upon as a matter of personal, rather than general concern. There must be provisions for enforcing the law once it is enacted, that will be effective, and it should be somebody's business to see that the law is enforced, with sufficient funds to enable them to do just that.

First—A minimum pre-medical qualification for all schools of practice—uniform.

Second—A minimum medical standard involving examination in the fundamentals—anatomy, physiology, pathology, hygiene, chemistry, bacteriology, histology, toxicology, obstetrics, gynecology, surgery, diagnosis.

Third—Equal privileges under the law to all who qualify under the standards adopted since "Limited License" is the greatest menace to the development of a qualified profession. State may limit its certificates but it can't limit the use of it.

VERMONT

The Basic Science Act seems to be a very fine idea. However, legislators have a very sympathetic attitude toward all so-called irregular forms of medical practice, and are inclined to look upon the Basic Science Act as a scheme on our part to shut the others out. If the Basic Science Act is acceptable to the public as represented in a typical state legislature, I believe we should have an Act guaranteeing a high standard of regular medical men and let the irregulars go their own way. If in the future they make good, we have no just grounds of opposition. If they do not make good, they will disappear of their own accord for lack of popular support.

"—Uniform requirements as to preliminary education and examination in fundamental subjects."

VIRGINIA

The Basic requirements as to list of fundamental branches studied should in the main essentials be the same for all, and the time of study the same and examination the same.

WASHINGTON

Chiefly a Basic Science law for all who would practice healing. It is unfair to the M. D., but do not think it can be passed unless it applies to all.

MONTHLY LETTER

Attention is drawn to the Secretary's Monthly Letter which County Secretaries are requested to read at their first regular meeting following its receipt. Please so aid in imparting that information to your members.

MEDICAL AND SURGICAL CLINICS—DETROIT, MAY 14-18th.

Please note the program published in this issue and the Editorial Comments thereon. Please give this Clinic every possible publicity among your members. It would seem that no member could afford to miss this opportunity that brings such an array of clinicians to their very doorstep. To attend is one of the benefits of membership.

REPORTS OF MEETINGS

Please forward for publication a report of every meeting that is held. It is very much desired that these reports be received before the 20th of the month so as to include them in the next issue.

A. M. A. MEETING,

Will be held in Minneapolis the week of June 11th. Our Society will be represented in the House of Delegates by: J. D. Brook, C. S. Gorsline, L. J. Hirschman, Carl Moll and A. W. Hornbogen. Members planning to attend the Scientific Sessions should apply early for their hotel reservations.

DUES

All members whose dues were not paid by April 15th have been placed on the suspended list, their names were removed from the mailing list and they are without medico-legal protection for professional services rendered during the period of suspension. County Secretaries are requested to make special effort to collect these back or unpaid dues.

SPEAKERS FOR COUNTY PROGRAMS

Organizations having difficulty in securing speakers will be given assistance from this office in solving their difficulties. We ask though, that you give us ample notice and not expect us to provide a speaker on a forty-eight hour notice. It takes us four to five days to write a letter to ascertain if a speaker is free to make engagements. However, command us for we will endeavor to accord every possible assistance.

MEMBERSHIP POCKET CARDS

These are being mailed to all members who have paid their 1928 dues. These cards are requisite for presentation at all Clinics and Conferences. The policy has been adopted that all Clinics and Conferences are free to all members in good standing, but that a Registration Fee will be charged to non-members and those who are in arrears in 1928 dues. We urge that you secure your pocket membership cards by prompt payment of your annual dues.

Dear Doctor:—

Enclosed you will find a pocket membership card. Keep it.

Our plans for 1928 include a series of Clinics

and Post-Graduate Conferences. They are being conducted for you and are one of the benefits of membership. They are free to you. This year, non-members attending these Clinics and Conferences will be assessed a Registration Fee. Presentation of your card entitles you to attend all these clinics without paying the Registration Fee.

Watch The Journal for announcement of these Clinics and Conferences. Plan to attend them. They are sponsored and provided by your State Medical Society. Your annual dues entitle you to participate.

Respectfully,
F. C. Warnshuis, Secretary.

LEGISLATIVE COMMISSION

Your Legislative Commission has had several sessions. It presents its first communication in this issue. Do not fail to read their report in this department. The Commission will have a very important recommendation which they will impart in the June issue. We urge that our members give thoughtful attention to this important activity. The Commission invites your co-operation and recommendations. Send to the Secretary your opinions and advice.

POST-GRADUATE CONFERENCE

The following is the program of the Manistee Post-Graduate Conference held on April 26th:

POST GRADUATE CONFERENCE—MANISTEE

Thursday, April 26, 1928.

10:20 a. m. Opening Statement.
—Councilor Ricker.
10:30 a. m. Treatment Diabetes.
—B. R. Corbus, M. D., Grand Rapids.
11:00 a. m. Points in Diagnosis of Acute Abdominal Conditions.
—F. C. Warnshuis, M. D., Grand Rapids.
11:30 a. m. Methods of Diagnosis of Gastro-Intestinal Disease with Demonstrations.
—E. G. Eggleston, M. D., Battle Creek.
12:15 p. m. Luncheon—Followed by Discussion; Organizational Achievement.
—State Secretary.
1:45 p. m. Prenatal Care—Moving Pictures.
—A. M. Campbel, M. D., Grand Rapids.
2:15 p. m. Post-Operative Problems following Cholecystectomy.
—E. G. Eggleston, M. D., Battle Creek.
2:45 p. m. Treatment of Fractures.
—F. C. Warnshuis, M. D., Grand Rapids.
3:15 p. m. Liver Feeding in Anemia.
—B. R. Corbus, M. D., Grand Rapids.
3:45 p. m. Problems in Gynecology.
—A. M. Campbell, M. D., Grand Rapids.

COUNTY SECRETARIES ANNUAL CONFERENCE

The following is the program for our Annual Conference of County Secretaries. It is the urgent desire of President Randall and the Council that every County Secretary shall be present at this meeting. Much that is of vital importance to County Societies and their members will be imparted. It is further desired that you receive this information in person. Remember, your actual travel expenses will be paid. The opportunity is also yours to attend the Clinics that will be held that week and which are announced in this issue. Attendance is a duty that devolves upon you by reason of your office. Please permit nothing to prevent your being present.

ANNUAL CONFERENCE OF COUNTY MEDICAL SOCIETY SECRETARY OF THE MICHIGAN STATE MEDICAL SOCIETY

(To be held in Detroit, May 14, 1928)
Crystal Ball Room, Book-Cadillac Hotel.

Fast Time

2:00 p. m. President's Remarks.
—H. E. Randall, President, Presiding.
2:15 p. m. Organizational Activities.
F. C. Warnshuis, Secretary.
2:45 p. m. Society Scientific work.
Post-Graduate Conferences and Clinics.—J. D. Bruce, Ann Arbor.
3:15 p. m. Attendance—"Are You Coming to the County Meeting?"
—R. G. B. Marsh, Tecumseh.
3:45 p. m. Securing Community Support.
—Charles A. Neafie, Pontiac.
4:15 p. m. Round Table and Questions.
—Conducted by the State Secretary.
5:00 p. m. Recess.
6:30 p. m. Dinner—(Crystal Ball Room).
7:30 p. m. Legislative Activities in New York State, "How It Was Done."
—W. H. Ross, M. D., New York City.
8:15 p. m. Michigan's Legislative Programs.
—Guy L. Kiefer, Chairman
Legislative Committee

CONGRESS AND DOCTOR'S INCOME TAX

One doctor, by reason of independent indiscretion, raised a question with the Income Division of the Treasury. An adverse ruling was made. As a result doctors have been denied the right to deduct certain professional expense in their income returns. For some four years the A. M. A. has sought to secure the rescinding of that ruling and being unable to do so a repealing bill was introduced.

IN THE SENATE OF THE UNITED STATES

February 1, 1928

Referred to the Committee on Finance and ordered to be printed.

AMENDMENT

Intended to be proposed by Mr. Robinson of Indiana (H. R. 1) to reduce and equalize taxation, provide revenue, and for other purposes, viz:

On page 19, line 4, insert the following after the word "business": "or in attending meetings

of trades or business organizations of which the taxpayer is a member:"

This bill is now in the Committee. We wrote to our two senators and all the Michigan Congressmen:

March 21, 1928.

Hon. James Couzens,
United States Senator,
Washington, D. C.

Dear Senator Couzens:—

In behalf of some four thousand members of the Medical Profession of Michigan, I am calling to your attention the proposed bill that is pending, known as the Robinson Amendment to the pending Revenue Reduction Bill H. R. 1, that authorizes physicians to deduct from their federal income tax traveling expenses incurred in attending meetings of medical organizations.

We would urge that you accord to this measure your influence and support to obtain its adoption. To substantiate such action, I am enclosing a brief that clearly sets forth the discrimination that is being made against the profession of medicine.

I am quite sure that you will readily perceive the justice of this plea and assume an active part in behalf of the four thousand doctors of Michigan to secure this amendment to the present income tax law.

Yours very truly,
F. C. Warnshuis, Secretary.

The following replies have been received:

March 23, 1928.

Dear Dr. Warnshuis:—

I have your letter of the 21st written in behalf of the Michigan Medical Profession concerning the Robinson Amendment to the pending Revenue Bill, H. R. 1.

I can assure you that I am in sympathy with the amendment. I believe that doctors ought to have the same opportunity of deducting their expenses as any other group.

I will be glad to do what I can to aid in this direction.

Sincerely yours,
James Couzens.

April 11, 1928.

My dear Fred:—

This will reply to your letter of April 9. First let me thank you for your generous compliments. I hope ultimately in some small degree to justify your faith. Secondly let me hasten to say to you that I entirely agree with the medical profession's viewpoint regarding the so-called Robinson Amendment to the Revenue Act. It spells obvious justice. I shall be very happy to be helpful in this matter in any possible way.

With warm personal regards and best wishes.

Cordially and faithfully yours,
A. H. Vandenberg.

April 13, 1928.

Dear Dr. Warnshuis:—

Receipt is acknowledged of your letter of April 11, 1928, and enclosures. I note that your organization is in favor of the Robinson Amendment to the pending Revenue Bill, permitting physicians to deduct from their federal income taxes necessary expenses incurred in attending meetings of medical organizations.

This is not a new matter, and I am entirely familar with the situation, and it has always seemed to me that legitimate expenses incurred by physicians in attending clinics, etc., the purpose of which is to better fit them to carry on their work, should be deductable in the income tax returns.

I am glad to have your letter and am placing it in the files to have before me when this matter comes up in the House.

Very truly yours,
Earl C. Michener.

April 13, 1928.

Dear Dr. Warnshuis:—

In reply to your letter of April 11, concerning the Robinson Amendment to H. R. 1, I am quite convinced of the justice of your request and if I have the opportunity to do so I will vote for the exemption mentioned.

Sincerely yours,
Joseph L. Hooper.

April 14, 1928.

My dear Doctor:—

I have the pleasure to acknowledge the receipt of your letter of April 12, relative to the Robinson Amendment to H. R. 1.

You may be sure the Medical Profession of Michigan can count on my 100 per cent co-operation with regard to the above mentioned amendment.

Very cordially yours,
Clarence J. McLeod,
Member of Congress.

April 14, 1928.

Dear Doctor:—

Your letter of April 12 received with enclosures. I certainly will give this my earnest attention.

With kindest personal regards, I am

Sincerely yours,
Frank P. Bohn.

April 14, 1928.

Dear Dr. Warnshuis:—

This will acknowledge the receipt of your letter of the 12th instant relative to the Robinson Amendment to the revenue bill.

Of course this bill is now pending in the Senate and I cannot act upon the amendment in the House of Representatives unless it is adopted by the Senate. However, I am glad to have your views in regard to it and I hope that something satisfactory will be worked out along the line of the suggested amendment.

Very sincerely yours,
Carl E. Mapes.

April 14, 1928.

My dear Warnshuis:—

I beg to acknowledge receipt of your favor of April 12th calling to my attention legislation appertaining to the Revenue Amendment to the Federal Income Tax. I assure you that same shall have my earnest consideration. It has never been called to my attention before and therefore I am sure it has not had much discussion, if any, outside of the Committee.

As I state above, I shall be glad to relieve the provision of any injustice that is now being given it.

Yours sincerely,
Grant M. Hudson.

April 16, 1928.

My dear Doctor:

I have your letter of recent date in regard to the Robinson amendment to H. R. 1. I have made inquiry about this amendment and find that while there is some opposition to it, Senator Robinson is hopeful of getting it through. You may be assured that when this bill is called up for consideration I will be glad to bear your suggestions in mind.

With best wishes, I am

Very sincerely yours,

R. H. Clancy.

April 17, 1928.

Dear Doctor:—

I have yours of the 12th, relative to the Robinson Amendment to the Revenue Bill which is pending in the Senate, and am glad to hear from you. The Revenue Bill passed the House some months ago, as you know, and if the Robinson Amendment is adopted in the Senate, it is up to the House and Senate Conferees to say what will finally be done with this item, so it is not likely that the House will have an opportunity to do anything about it, except of course those members who are appointed conferees on the Revenue Bill, and these men will be members of the Ways and Means Committee. Personally, I should be glad to see this amendment written into the law.

With kindest regards, I am

Sincerely yours,

Roy O. Woodruff.

April 14, 1928.

My dear Doctor:—

I am in receipt of your letter enclosing a copy of the Robinson Amendment to H. R. 1, providing that physicians be allowed to deduct from their Federal Income Tax the expense incurred in attending meetings of Medical Organizations and requesting me to support the same.

In reply I would say that I would be glad to do so if given an opportunity but the Bill has already passed the House and an opportunity to vote upon the amendment in the House will depend entirely upon the action in the Senate. If it is not included by that body no possible action can be taken by the House.

I have read the brief you submit in behalf of the amendment and it seems reasonable on its merits in view of the statement made that similar deductions are allowed in other cases. Should the amendment be included in the Senate its adoption by the House will depend upon the action of the Conferees. The House usually follows the action taken by the Conferees in such matters.

Yours very truly,

John C. Ketcham.

The above evidences once more another of the hundred and one activities of your parent national and state medical organizations that are directed and carried on in furthering the interests of the individual member. We hope to be able to advise you that this amendment was enacted during the present session of Congress.

WHAT A SECRETARY CAN DO

The following is an attention-arresting, interesting form of sending out notices of meetings. It is from the Oakland County Society:

A meeting of the Society will be held at 6:30 p. m., Thursday evening, April 19th, at the Merchants' Restaurant, 406 Main street, Rochester. Dinner will be served.

Dr. G. C. Burr, Detroit, will present a paper on "Tuberculosis of the Kidney." The paper will be illustrated with slides and motion pictures.

The Rochester committee on arrangements are planning to present several musical numbers for the entertainment of the Society.

* * *

At the last meeting the following physicians were elected to membership:

Dr. Ethan B. Cudney, Pontiac, George Washington Medical School, 1922.

Dr. H. E. Boice, Farmington, Jefferson Medical College, 1899.

* * *

The following applications for membership have been received and referred to the Board of Directors:

Dr. E. J. Linsday, Walled Lake, Detroit College of Medicine and Surgery, 1926.

Dr. John S. Lambie, Birmingham, Jefferson Medical College, 1906.

Dr. Wm. Lloyd Kemp, Birmingham, University of Michigan, 1922.

* * *

AN EXCERPT FROM THE PRINCIPALS OF MEDICAL ETHICS—DISCUSSIONS IN CONSULTATION

Article 2, Sec. 5.—After the physicians called in consultation have completed their investigations of the case, they should meet by themselves to discuss conditions and determine the course to be followed in the treatment of the patient. No statement or discussion of the case should take place before the patient or friends, except in the presence of all the physicians attending or by their common consent; and no opinions or prognostications should be delivered as a result of the deliberations of the consultants, which have not been concurred in by the consultants at their conference.

* * *

The President of the Society has appointed the following members to act on the Medical Advisory Board of the Oakland County Department of Health:

Doctors B. M. Mitchell, R. H. Baker, L. A. Farnham, Pontiac; J. H. Gordon, Birmingham, and J. S. Morrison, Royal Oak.

* * *

A four day medical and surgical clinic will be held in Detroit, May 14, 15, 16 and 17. The preliminary announcement appears in the April issue of The Journal of the Michigan State Medical Society.

* * *

The next annual session of the American Medical Association will be held at Minneapolis, Minn., June 11-15, 1928. The Chicago Great Western Railroad offers a rate of $36.71, Pontiac to Minneapolis and return. Tickets may be routed via Rochester, Minn. without additional cost.

C. A. Neafie, M. D., Secretary.

MINUTES OF THE EXECUTIVE COMMITTEE MEETING

The monthly meeting of the Executive Committee of the Council was held in Detroit on Wednesday, March 28th, 1928.

Present—Chairman Stone, President Randall, B. R. Corbus, J. D. Bruce, and Secretary Warnshuis.

1. The matter of election of alternate delegate to serve in the Secretary's place for the Minneapolis meeting of the American Medical Association was discussed and because of seniority, in point of time of election as alternate, Dr. A. W. Hornbogen was designated to so serve.

2. The Secretary reported having had a conference with a representative of the Wayne County Medical Society, and also managers of Detroit hotels. As the result of these conferences it was recommended that the week of September 23rd be designated as the date for the holding of our 1928 Annual Meeting.

The Secretary reported that in conference with the Detroit committee it was proposed to devote the days of Monday and Tuesday, September 24th and 25th, to hospital clinics; that the House of Delegates convene and transact its activities on Wednesday, September 26th; that the Section meetings and General Session be held on Thursday and Friday, September 27th and 28th, and that September 29th, Saturday, be again devoted to hospital clinics.

Upon motion duly made and supported the above dates were accepted and the tentative plans approved. The Secretary was authorized to use his own judgment in the matter of conducting commercial and scientific exhibits. The Secretary was also authorized to arrange for a combined public meeting in the Masonic Temple on Friday evening, September 28th.

3. The Secretary reported that in compliance with the motion made at the Annual Meeting in January, he had written to the President of the Medical Protective Company requesting a conference for the purpose of determining a more definite policy in the joint handling of medical defense cases. The President of the Medical Protective Company replied to this letter and a conference was arranged for and held on March 28th between him, Dr. F. B. Tibbals, Chairman of the Medical Legal Committee, and the Society's attorney, Mr. Barbour. As the result of the conference it is anticipated that a more definite policy of co-operation will be evidenced from now on.

4. The Secretary reported he had sent a questionnaire to the Secretaries of all the County Societies, ascertaining how and in what way the State Society could be of more service and assistance to our component units. The Secretary read a number of these replies and upon motion he was instructed to exercise his judgment as to complying with the results and suggestions contained in these letters from County Secretaries.

5. Upon motion duly made the Secretary was instructed to send to the Wayne County Medical Society the State Society's cordial invitation supporting the Wayne County Society in its invitation to the American Medical Association to hold its 1929 meeting in Detroit.

6. The Secretary drew attention, that the Council at its Annual Meeting had authorized the holding of a Secretaries' Conference and recommended that this conference be held on the first day of the clinic week that is to be conducted in Detroit on May 14th to 18th. On motion, the Secretary was authorized to call such Secretaries' Conference and to formulate the program for that meeting.

On further motion, duly made and supported, the Secretary was authorized to pay the actual railroad expense of County Secretaries attending this Secretaries' Conference.

7. Dr. Wollenberg, representing the Wayne County Medical Society, appeared before the Executive Committee imparting statements and figures revealing the value of the listing of the members of the Wayne County Medical Society in the telephone directory of Detroit. He presented the request of the Wayne County Medical Society, together with a communication from the Council of the Wayne County Medical Society, again requesting that the State Medical Society aid the Wayne County Medical Society in the defrayment of the expense of such listing and that an appropriation of $1.50 per member be made by the State Society. After full discussion it was duly moved and supported that the request of the Wayne County Medical Society be concurred in and the Secretary authorized to draw a voucher to that amount in favor of the Wayne County Medical Society. Inasmuch as it was deemed desirable that each member of the Council be accorded an opportunity to vote upon the question, the Secretary was instructed to take a mail vote upon this action of the Executive Committee.

8. The Executive Committee devoted

considerable time discussing the plan of Post-Graduate Conferences, Post-Graduate Course of Instruction and also Clinical Weeks in different portions of the state. A tentative program of meetings was formulated and as soon as details connected therewith can be ascertained this program will be published in The Journal and announced to the County Organizations.

9. The Secretary presented a communication from Dr. C. B. Burr, Chairman of the Committee on History. The Secretary was instructed to advise Dr. Burr that he secure such stenographic assistance as may be required, and that when the time arrives for the consideration of publication and printing of the history that the matter be again taken up with the Council.

10. The Secretary reported that the Treasurer of the Society, Dr. John R. Rogers, would be absent for approximately three months on a European trip. Upon motion duly made and supported, Councilor Corbus was authorized to be custodian of the investment funds of the Society.

The Executive Committee adjourned at 4:30 p. m.

F. C. WARNSHUIS, Secretary.

WOMAN'S AUXILIARY

When the Woman's Auxiliary to the Michigan State Medical Society was organized in June, 1927, at Mackinac Island, it was done quite informally and after Mrs. Guy L. Kiefer was unanimously elected president, it was decided to allow Mrs. Kiefer to appoint her secretary, and then to carry on as best she could until the next annual meeting, when by-laws were to be passed upon and more general work planned for.

Thus far our work has been mostly organization. We have thirteen County Auxiliaries organized, with several more about to organize and become affiliated with the state organization.

We were fortunate in being able to collect dues from a few counties so that we might forward same to the secretary of the Woman's Auxiliary of the A. M. A. and thus secure recognition by the National Auxiliary and be eligible for registry at the meeting to be held in June at Minneapolis.

The various Auxiliaries have not decided on definite work to be taken up this first year, but it is hoped we will have a good representation at our state meeting in Detroit during the week of September 24, when plans will be made and, we believe, carried through for activities during the following year.

The Auxiliaries thus far organized, with officers, are as follows:

Battle Creek—Mrs. J. E. Rosenfeld.
Bay City—Mrs. A. W. Herrick.
Hastings—Mrs. Guy C. Keller.
Hillsdale—Mrs. W. H. Sawyer.
Ironwood—Mrs. E. B. Stebbins.
Jackson—Mrs. E. S. Peterson.
Kalamazoo—Mrs. B. J. Hubbell.
Lansing—Mrs. Karl B. Brucker.
Maple Rapids—Mrs. W. B. McWilliams.
Morencie—Mrs. C. H. Westgate.
Saginaw—Mrs. O. W. Lohr.
Detroit—Mrs. Clarence Owen.
Sault Ste. Marie—Mrs. F. C. Bandy.

We hope before the state meeting in September our list will be enlarged.

Preparations are under way for a very interesting time for the ladies at this meeting and we hope the annual meeting will be such a success this year that the County Auxiliaries will not let anything stand in the way of their attendance each year.

Wayne County has organized with a large membership and they have enjoyed some very interesting luncheon meetings. Wayne has a busy time ahead of her for September, and with a new organization it means much work.

Mrs. Guy L. Kiefer, the state president, was hostess to Ingham County Auxiliary at a tea at the Hotel Olds, at which time Dr. F. C. Warnshuis, Secretary of the Michigan State Medical Society, gave a talk on the aims and works that might be accomplished by the County Auxiliaries. We are hoping that other Auxiliaries may have the opportunity of hearing Dr. Warnshuis speak. He inspired a great deal of enthusiasm at the Lansing meeting.

Jackson women organized and entertained at a very delightful dinner, with Mrs. Kiefer as honor guest.

Mrs. J. E. McIntyre, Secretary.

GRATIOT-ISABELLA-CLARE COUNTY

The April meeting of the Gratiot-Isabella-Clare County was held in the Park House, St. Louis, Thursday, April 19. Twenty-two had supper together after which President W. E. Barstow called on Dr. F. C. Warnshuis, secretary of the State Society, who presented a three reel moving picture demonstration of infections of the hand. The first two reels took up the anatomy of the lymphatics, tendons, muscles, bursae, thenar, and hypothenar spaces, their relation to each other and showed how infection traveled from one to

the other; the last reel took up the treatment in detail.

These pictures proved to be a very practical way of presenting this subject. After this subject was completed, Dr. Warnshuis then talked for over an hour on the work of the State Society. Altogether it proved a very profitable meeting.

E. M. Highfield, Secretary.

MONROE COUNTY

Monroe County Medical Society met at the Park hotel, Monroe, March 15, 1928. Dinner was served at 6:30. Dr. Phil Marsh, Professional Building, Detroit, gave an excellent discussion of "The Treatment of Diabetes." An interesting discussion followed.

Florence Ames, M. D.

CHIPPEWA COUNTY

At the January meeting of the Chippewa County Medical Society, the following officers were elected:

President, Dr. T. R. Whitmarsh.
Vice-President, Dr. I. V. Yale.
Secretary, Dr. F. C. Bandy.
Delegate of the State Medical Meeting, Dr. F. H. Husband.
Alternate, Dr. G. A. Conrad.

F. C. Bandy, Secretary.

MUSKEGON COUNTY

On Friday evening, April 13, the members of the Muskegon County Medical Society met at the Century Club for dinner. Covers were laid for 28, Doctors Wood and Nichols of the Oceana County Society, being present as guests.

No business was brought before the meeting except a communication from the Muskegon County Tuberculosis Association requesting the County Medical Society to vote approval of and appoint members to give completed physical examinations to 200 members of County 4 H clubs on June 2. The Society voted that it would be impractical to attempt to give complete physical examinations to such a large number in one day with the number of members of the Society that would be likely to be available.

Dr. Reuben Peterson, Professor of Obstetrics at the University of Michigan, read a very interesting paper on sterilization and birth control. The paper was widely discussed at the meeting and the Society gave a rising vote of thanks to Dr. Peterson.

BAY COUNTY

The following programs have been recently provided the Bay County Medical Society:

February 27—Dr. Howard Lewis, Professor Physiological Chemistry at University of Michigan: "Acidosis and Alkalosis."

March 12—Dr. Grover Penberthy, Detroit: "Appendicitis in Children."

March 26—Dr. Louis Hirschman, Detroit: "India."

Friday evening, May 18, the society will act as host to the members of the adjoining County Societies, viz.: Saginaw, Genesee, Tuscola, Midland and Alpena, with a banquet at the Wenonah hotel, Bay City, to hear Dr. E. Starr Judd, Mayo clinic.

The Bay County Society regrets to announce the death of Dr. Mary Williams, aged 75 years, Sunday, April 2, death being due to apoplexy. Dr. Williams was active in the society and in many civic organizations until her sudden death at Mercy Hospital.

L. Fernald Foster, Secretary.

OAKLAND COUNTY

A meeting of the Oakland County Medical Socity was held April 19, 1928 at the Merchant's Restaurant, Rochester.

Preceding the meeting a musical program was rendered by Marian Hinkle, pianist, Adell Spencer, saxaphone, Hollis Hinkle, violin.

Among the guests present were Rev. H. H. Savage, pastor of the First Baptist church, Pontiac, and Dr. Harry Rimmer, Los Angeles, Cal. The latter gave an interesting talk relative to recent discoveries made in connection with the study of cell structure.

Dr. G. C. Burr, Detroit, presented a paper on "Tuberculosis of the Kidney," in which he discussed the advances made in the diagnosis and treatment of this condition during the past 25 years. The address was illustrated with lantern slides and motion pictures that featured a series of 500 animated drawings illustrating the technique of the operation for the removal of a kidney.

The following physicians were elected to membership in the society: Dr. Wm. Lloyd Kemp, Birmingham; Dr. E. J. Lindsay, Walled Lake, and Dr. John S. Lambie, Birmingham.

C. A. Neafie, Secretary.

MARQUETTE-ALGER COUNTY

The regular monthly meeting of Marquette-Alger Medical Society was held on March 16, at the Morgan Heights Tuberculosis Sanitarium, the Society being guests of the trustees and superintendent of the sanitarium. Dr. E. R. Van der Slice of Lansing, and Dr. J. W. Toan of Portland, specialists in diseases of the lungs, and representatives of the Michigan Tuberculosis Society and Michigan Trudeau Society, conducted a diagnostic post-graduate chest clinic which was continued throughout the day. A splendid dinner was served at noon to about 50, during which time short addresses were given by Dr. Paul Van Riper, of Champion, chairman of the Morgan Heights board of directors; Dr. E. R. Van der Slice of Lansing; Dr. J. W. Toan of Portland, and Mr. Walter F. Gries, county commissioner of schools and secretary of the Marquette County Tuberculosis Association, who spoke on "Tuberculosis from the Layman's Point of View." The dinner was followed by a short business meeting.

The clinic was thoroughly enjoyed by those present and all feel that these clinics, which are so helpful, should be continued.

The April meeting of the Society will be held in Ishpeming, at which time Dr. I. Sicotte of Michigamme will tell us of his experiences in European clinics.

Russell L. Finch, M. D., Secretary.

HILLSDALE COUNTY

The regular joint meeting of the Medical Societies of the Counties of St. Joseph, Branch and Hillsdale, convened at the Lantern Tea room, Hillsdale, Tuesday, April 3rd, at 6 p. m. After an excellent dinner enjoyed by about 23 men and Miss Knott of the Red Cross Association, the meeting adjourned to the Mitchell library and the president, after the reading of the minutes, introduced the speaker for the evening, Dr. C. G. Sturgis, director of the Simpson Memorial, and

Professor of Medicine, University of Michigan. Dr. Sturgis addressed the members on "Recent Advances in the Treatment of Pernicious Anemia" with lantern slide illustrations. He covered the ground as thoroughly as possible in a single lecture, showing the wonderful results of the liver diet and giving hope of equally good results with the liver extracts so-called, now available. He also explained the manner of their production.

Another point was the action of a certain stain (cresylblen) in differentiating the reticulated red cells of the blood, thus making it possible to diagnose pernicious from other forms of anemia.

The doctor answered a number of questions from members and at the close was warmly thanked by the president in behalf of the Societies and most instructive address.

The meeting then adjourned.

D. W. Fenton, Sec'y.-Treas.

IONIA-MONTCALM COUNTY

The April meeting of the Ionia-Montcalm Medical Society began with a dinner at the Winter Inn, in Greenville.

Dr. Richard R. Smith of Grand Rapids, gave one of his characteristic discourses on the "Treatment of Minor Gynecological Problems, especially those Arising from Childbearing." This was followed by a general discussion.

The committee appointed to report on the County Health Unit System, introduced the discussion of that subject; considerable informal talk ensued, the concensus of which was that some such arrangement will eventually come, and that our counties should avail themselves of the opportunity to be among the pioneers.

Motion by Dr. Penton, seconded by Dr. Peabody, that the Ionia section of the Society endorse the plan as outlined by the Commissioner of Health, was carried, with no dissenting vote, by the Ionia members present.

A similar motion by Dr. Lilly for Montcalm County, seconded by Dr. Swift, was carried unanimously by the members of that county.

The Secretary was instructed to inform the State Commissioner of Health of the action taken by the Society.

The Secretary was authorized to attend the May meeting of County Secretaries at Detroit; his necessary expenses to be paid by the Society.

The meeting then adjourned.

John J. McCan, Secretary.

ALPENA COUNTY

Regular meeting of the Alpena Medical Society, Thursday, March 22, at 6 p. m., at the Owl.

Present: Doctors Cameron , Bell, Newton, Burkholder, Jackson, Purdy, Woods, Williams, Secrist, O'Donnell, Mischner.

After a four-course dinner, the program of the evening was carried out.

Dr. F. J. O'Donnell gave an illustrated lecture on Joseph Lister. He stressed the change that Lister introduced in operative technique.

Dr. R. H. Woods presented a clinical case of a young man who had vertigo, attended with frequent vomiting.

Dr. C. M. Williams presented two men who had been operated on early for exophtholmic goiter. One had recovered good health, the other had not. The thought was advanced that some other gland than the thyroid was responsible for the poor result of the second case.

The application of Dr. Clinton A. Benzie for membership was received and referred to the membership committee, consisting of Doctors Williams, Cameron and O'Donnell.

The subject of the desirability of a revision of our fee bill was brought up. Moved by Dr. Williams, supported by Dr. Burkholder, that a committee be appointed to revise the fee bill. Carried.

The president appointed Doctors Burkholder, Secrist and O'Donnell.

Moved we adjourn. Carried.

C. M. Williams, Secretary.

The regular meeting of the Alpena Medical Society was held at the New Alpena hotel, Thursday, April 19th, at 6 o'clock. Dr. Virgil L. Tupper of Bay City, read a carefully prepared paper on Goiter. He traced the history of the disease from the earliest times and gave a careful analysis of the various types of goiter with the appropriate treatment. A full discussion of the goiter problem followed, each member present participating. An invitation to the Bay County Medical meeting of May 18th was read.

C. M. Williams, Secretary.

BERRIEN COUNTY

The Berrien County Medical Society met in Niles at the Four Flags hotel for their April meeting on Wednesday evening, the 18th. A fine chicken dinner was served and two excellent papers read to the Society.

At the business meeting following the dinner the name of Dr. John Ames of Niles was proposed for membership. Upon the recommendation of the membership committee, he was admitted to the Berrien County Society by unanimous vote.

Announcement of the Post-Graduate Conference for the Fourth District, to be held in St. Joseph or Benton Harbor the latter part of May was greeted with enthusiasm by the members present.

This is the first conference to be held in this district in three years, and shows that the state officers are watching out for the welfare of the remote societies as well as those more centrally located.

Following the business meeting a concise paper was given by Dr. Miller of the South Bend clinic on "Intracranial Hemorrhage of the New-born." He summed the etiology, pathology and treatment of these cases in an interesting manner. The paper was discussed with interest and benefit to all those present.

Dr. C. C. Hyde of the clinic then gave a very complete paper on "Urinary Obstruction." This paper was a masterful presentation and yet given in such a manner that the general practitioners who usually see these cases first, could not help but receive a lot of useful information, especially in therapeutics. His paper was accompanied by lantern slides illustrating the different conditions mentioned. These slides were exceptionally clear and interesting.

It is regretted that more of the members were not present to hear these papers, this being about the smallest meeting numerically that this society has had in two years.

The Berrien County Society wish to extend an invitation to members of the profession to visit Berrien County during Blossom Week, May 7-13. All of the members of this society stand ready to entertain and show you through the orchards during this time. Bring your families for a drive through this district to see one of the most beautiful sights in the world.

W. C. Ellert, Secretary.

SAINT CLAIR COUNTY

Regular meeting of the Saint Clair County Medical Society was held at the Harrington hotel, Port Huron, Mich., Thursday, April 5, 1928.

Supper was served to 25 members and guests at 6:30 p. m. The following members were present: Doctors Smith, Stockwell, MacLaren, McKenzie, Ney, Clancy, Cooper, Heavenrich, Derck, Waters, McColl, Bowden, Ryerson, H. O. Brush, Martinson, Windham, O'Sullivan, Callery, Kesl, Attridge, Thomas, Morris, Vroman, Lane, Wellman and Caster. Dr. Frederick Lohrstorfer, a former member of the Society, was present as a guest.

President Smith called the meeting to order at 7:30 p. m., and upon motion the regular order of business was waived. Dr. J. A. Attridge read a very interesting paper on "The Patient Versus the Lesion." Discussion was opened by Dr. Ney, followed by Doctors Heavenrich, Bowden, MacKenzie. Dr. Attridge closed the subject in the usual manner following the discussion.

Dr. Theo. Heavenrich then invited the members of the Society to attend the Tri-State meeting to be held in Detroit next week.

Dr. J. A. Attridge read a report from the committee appointed to confer with the Port Huron Community Welfare League relative to a drive for funds with which to erect a new hospital unit. The Society gave the committee a rising vote of thanks, approval and support and the president re-appointed the committee with instruction to continue their work.

Meeting adjourned at 8:20 p. m.

FAREWELL TO DR. C. B. STOCKWELL

The president requested Dr. C. C. Clancy to preside as chairman for the remainder of the evening. Dr. Clancy made a very fine address in which he touched upon the splendid character, the sterling worth and professional accomplishments of the guest of honor, Dr. Charles B. Stockwell. After his address, Dr. Clancy presented Dr. Stockwell with a well filled purse as a token of the love and esteem in which he was held by the members of the Saint Clair County Medical Society.

Dr. Stockwell, in a few well chosen words, accepted the gift, and told of an incident or two in the early days of the community.

Following Dr. Stockwell the meeting had the pleasure of listening to splendid talks by Doctors Ney, Lohrsdorfer, MacLaren, Derck, Waters, McKenzie, Callery, B. E. Brush, Cooper and many others.

At the conclusion of these short talks Dr. Stockwell held an informal reception and farewell during which he bid goodbye to many of his former associates of the profession.

Dr. Stockwell plans to leave Port Huron in a few days to take up his home with a daughter at Montour Falls, New York.

George M. Kesl, Sec'y.-Treas.

Regular meeting of the Saint Clair County Medical Society, held at the Hotel Harrington, Thursday, April 19, 1928. Supper was served to two guests and fourteen members at 6:30 p. m. and the meeting called to order by the president at 7:45 p. m., with the following members present: Doctors Smith, Vroman, McColl, Carney, Burley, Webster, Waltz, Thomas, Attridge, Morris, Grice, Heavenrich, Kesl, Windham, Waters, Sites, Derck, Caster, Treadgold, Wellman, Ryerson and MacKenzie. Dr. Learmont of Croswell, a member of Sanilac County Medical Society, and Dr. Oswald Fluemer of Mt. Clemens, were attending as guests.

The secretary read several communications and Dr. Theo. Heavenrich, Counselor of the Seventh District, stated the next District Post-Graduate Conference would be held at Lapeer, Michigan, some time in the latter part of May and promised a very fine program.

Dr. Oswald Fluemer of Mt. Clemens then addressed the Society upon the subject of "Rheumatism and Allied Conditions." The speaker prefaced his remarks by saying that Mt. Clemens, as a spa, was well regarded throughout Europe, perhaps better known than throughout the United States. Dr. Fluemer then took up acute articular rheumatism, chronic articular rheumatism and allied conditions, in the order named, covering the etiology, symptomatology, pathology and treatment of each. The address was very interesting because it was based entirely upon the personal observations of Dr. Fluemer, who has been engaged in the treatment of these conditions at Mt. Clemens for some time. Some of the points touched upon by the speaker that were of unusual interest were as follows: The colon is ofttimes the seat of focal infection and one which is frequently overlooked. He recommends colonic flushes with a solution of sodium bicarbonate which will remove flakes of epithelial and focal debris and said that at least three flushes were necessary before the mucous membrane of the lower bowel became normal; another statement was, that in cases where the salicylates were not borne well, resort could be had to a series of three intravenous injections of a combination of sodium salicylate, sodium iodide and guaiacol, on alternate days. This will, in many cases, especially in the acute type of rheumatism, bring the infection under control and greatly lessen pain. Dr. Fluemer believes that all chronic forms of rheumatism should be classified under the term of chronic articular rheumatism, that all the various conditions styled osteo-arthritis, rheumatic arthritis, arthritis deformans, etc., are all the same condition but in different stages of development in pathological process; that is, cases of chronic rheumatism assomiated with obesity a pluriglandular formula containing orchic substance, thyroid and pituitary extracts, should always be tried. Our present knowledge indicates that endocrine dysfunction may play an important part in the etiology of rheumatic conditions; in the treatment of rheumatism of any type always remember to remineralize and alkalinize your patient because the calcium and alkali reserves are very low; many of the so-called cases of neuritis and sciatica are due to the absorption of toxins from the bowel. Dr. Fluemer believes 75 per cent to 90 per cent of such cases are due to intestinal absorption; the proper diet for rheumatic patients should include a raw vegetable salad, exclude fried foods and be liberal otherwise. The rule of eating slowly and chewing the food well is good and no liquids are to be allowed with the meal. European physicians have found Pondorfs' Cuti Vaccine of value in the treatment of rheumatism, particularly the chronic type, and Dr. Fluemer is now carrying on experimental treatment with this preparation, having several patients under treatment. Amadoxyl is valuable, but must be given in a hospital because of the reaction. It should always be given slowly.

The society extended Dr. Fluemer a rising vote of thanks for his splendid address. Meeting adjourned at 9:40 p. m.

George Kesl, Secretary.

BOOK REVIEWS AND MISCELLANY

Offering Suggestions and Recommendations

LECTIO MEDICI

It is true that some physicians do not read much of anything; however, they will not read this, and it need not be concerned with them. One is frequently told that keeping up with medical reading leaves no time for any other. So the speaker virtuously laments that, much as he would enjoy general reading, he simply cannot find time for it. This confession leaves me politely skeptical. I have never known any such readers. I find the most voracious readers of medical literature to be the very men who do the most general reading; and the men who do no general reading, do little medical reading. In reviewing Harvey Cushing's Life of Osler, H. L. Mencken said Osler demonstrated that a busy physician can find time to cultivate the humanities. A better example was never selected.

Physicians, as a class, are pretty well warped to a type. A physician who reads at all, usually reads much the same things you do. The similarity of taste is not hard to explain. First, the practice of medicine attracts men of similar interests; so we are really considering a selected group. Second, the same scientific training tends to give many men the same mental reactions. Third, there is a philosophy which is inevitably shared more or less equally by men whose studies, problems, and experiences are in biological phenomena. This last fact must be as explicable as it is obvious. After one has studied physiology the antics of contemporaries can never have quite the same dignity or significance; and after puzzling over nature's workings and her mistakes one inevitably conceives all life, all matter, all law as something different from what one had previously supposed it to be. It will at once be said that men of dissimilar temperaments will not be made alike by any experience. It is true that they will differ; but, as in genetics, the variations are not so remarkable as the similarity.

Biography and medicine have a common subject, the human being; biography thus has a singular interest for physicians, who, rather than being surfeited with people, are usually eager to see another individual presented, as a case is, and analyzed. Pepys' stone, Johnson's scrofula and dropsy, Queen Elizabeth's anaemia, Napoleon's cancer, all are bonds of sympathy between the sufferer, his biographer, and the medical reader. Biographical subjects, too, invariably call up in the medical reader's mind various physical and endocrine types; the great of all ages, revived by the biographer, reveal their foibles and their nobility just as their lesser kin do in the consulting room.

Affliction, so closely linked with human existence, permeates nearly all literature and heightens the interest of the medical reader. The Bible is a veritable library of infirmity. Isaac's blindness, Esau's hypertrichosis, Lazarus' and Job's furunculosis, Sarah's and Elizabeth's sterility and aged primiparity, Mary's parthenogenesis, and Lamar's twin pregnancy complicated by prolapsed hand (on which the midwife tied a red thread) are a few incidents of medical interest that come to mind. Shakespeare also is a mine of interesting medical references, such as Lear's senile dementia, Ophelia's madness, Juliet's sleeping potion, Laertes' sword poison, Cleopatra's snake-bite, Edward's cures of scrofula, and King Henry's insomnia.

In school days history was a tedious subject. I often wonder if it is a profitable study for immature minds, for in boyhood the men of another century seem a separate race, living in another world. But as hurrying time begins to give a better appreciation of itself one reads history as one reads the morning paper, and the doings of the Crusaders seem no more marvelous or remote than the doings of the Ku Klux Klan or the League of Nations. It is this mature perspective which makes history attractive, and the physician may read of the London plague of 1665 with as much interest as if it had occurred during the World War. Indeed he will do so if he remembers or is reminded that in this same year Newton announced the Law of Gravitation, Richard Lower tranfused blood from one dog to another, that Sydenham had fled from London, and that in the preceding five years Malpighi had discovered the capillary anastomoses, Robert Boyle had defined chemical elements and discovered acetone, DeGraaf had shown that ova came from the ovaries and was examining pancreatic juice, Willis had published his "Cerebri anatome," and Roonhuyze had described an operation for vesicovaginal fistula.

As modern medicine is intimately related to medical history, so the latter is bound up with general history. Indeed, for the medical man, all history becomes medical history. The physician thinks of Alexander as the patron of Aristotle the naturalist, he regards the luminaries of the Periclean Age as contemporaries of Hippocrates, Marcus Aurelius is associated with his physician, the great Galen, and Charles I may be remembered for one of his best acts, his encouragement of William Harvey. I recently say an exhibit of Titian's paintings, and as I stood, awed, before them the thought came to me, "It was this man's pupil (de Calcar) who made the superb drawings for Andreas Vesalius' anatomy text; this man's teaching four hundred years ago influenced the spread of anatomical knowledge." It is needless to say that the association of Titian with Vesalius doubled my enjoyment of the paintings.—Chas. E. Dutchess.

PHYSICAL DIAGNOSIS—Charles Phillips Emerson, A. B., M. D. Professor of Medicine, Indiana University School of Medicine. Published by J. B. Lippincott Company.

So far as I am aware, this book marks a new trend in works on physical diagnosis. This trend is hard to define, yet in going through the book it is definitely felt. Older books on the subject have seemed to be concerned with the mechanics of physical examination and the recognition of physical signs. Such books seem to be written for sophomores doing their first exercises in percussion; they might conceivably be written by competent and industrious third year men, i. e. hospital residents. The present book seems to

be concerned not primarily with the recognition of physical signs but with the recognition of diseases. It is apparently intended for fairly advanced students of the diagnostic art; it could only be written by a ripe medical scholar.

In his general introduction the author has included a brief historical account of the development of physical diagnosis from pre-Hippocratic times down to the present period. This is only a thumb-nail sketch, but admirably done. It reflects the author's broad knowledge and understanding of medical history. The book is illustrated profusely and well. It contains hundreds of excellent photographic cuts, as well as many schematic drawings and charts. That a great many of these cuts were furnished by the comparatively new Department of Illustration of Indiana University demonstrates the thriving state of the Indianapolis medical center which has grown up under the author's direction.

Emerson's "Physical Diagnosis" is a book which the average practitioner will want in his library.—C. E. D.

THE MEDICAL CLINICS OF NORTH AMERICA, Vol. II, Number 5 (Tulane University Number, March 1928). W. B. Saunders Co.

Dr. C. C. Bass contributes a brief article on malarial hemoglobinuria, and presents a case of oral infection. Other articles included are: "Internal Mycoses," by Dr. Aldo Castellani, "Sickle Cell Anaemia," by Dr. J. Holmes Smith, Jr., "The Leukocytes," by Dr. Elizabeth Bass, "The Value of Obstetric History," by Dr. Ray H. Turner, "Cryptochidism and Endocrinology," by Dr. Russell C. Pigford. This is only partial contents of the book.—C. E. D.

AN ELEMENTARY TEXT BOOK OF GENERAL MICROBOLOGY—Ward Giltner Professor of Bacteriology and Hygiene of the Michigan State College. 99 illustrations. Price $3.50. P. Blackiston's Son & Co., Philadelphia, Pa.

This is an elementary text book covering the whole field of bacteriology non-pathogenic as well as pathogenic form with a chapter on microbial diseases of plants. The work is the result of the author's twenty years experience as a teacher. It is well written and the illustrations perform the function for which illustrations are intended. It is one of the most informative and interesting works on the subject we have read.

A COMPEND OF PHARMACY—F. E. Stewart, Ph. M., M. D., F. A. C. P. Based upon Remington's Practice of Pharmacy. Seventh Edition. The United States Pharmacopocia X and the National Formulary V. Tenth Edition Revised and Enlarged by Heber W. Youngker, Ph. G., Ph. D. Philadelphia, P. B. Blackiston's Son & Co.

This little work contains a great deal of information on the subject of pharmacy in compact and readily available form.

FOOD INFECTIONS AND FOOD INTOXICATIONS—Samuel Reed Damon, Associate Professor of Bacteriology, School of Hygiene and Public Health, Johns Hopkins University. 264 Pages. 25 illustrations. Bibliography. Price $4.00. The Williams and Wilkins Company, Baltimore, Md.

This volume is confined to information concerning infections(intoxications, and parasitic diseases acquired from food. Among the subjects discussed are paratyphoid, tuberculosis, septic sore throat, acitinomycosis, botulism, mushroom poisoning, grain intoxication, milk sickness, potato poisoning, disturbances derived from fish and shell-fish, trichinosis, taeniasis, helminth infestation and general observations on other parasitic diseases. Each subject is handled thoroughly from the historical aspect of the disease, the occurrence of the infection and life history of the parasite where the condition is parasitic. Symptomatology, laboratory diagnosis, pathology and differential diagnosis are thoroughly discussed. And then we have fully dealt with the subject of prophylaxis and treatment.

Books received for review are acknowledged promptly in this column; we assume no other obligation in return for the courtesy of those sending us the same. In many cases, review notes will be promptly published shortly after acknowledgment of receipt has been made in this column.

GLUCOSE IN ENCEPHALITIS

The treatment of encephalitis by the injection of glucose has awakened considerable interest among specialists at St. Elizabeth's Hospital for the Insane. Dr. Walter Freeman, who has made many researches on encephalitis, declared today "that even though the way in which it works is uncertain, this mode of treatment undoubtedly offers something of importance in the treatment of nervous diseases." The improvement of acute cases of sleepy sickness by glucose injections was recently announced by Dr. Leland B. Alford of St. Louis, Mo. The action of the glucose is not well understood but it is believed that the compound exerts a protective action on the nervous system. The first clue to the beneficial action of glucose, according to Dr. Alford, came from its administration as nourishment to an encephalitis patient who was delirious and refused food. This took place in November, 1926. To the surprise of everyone the patient began to improve. On Christmas day she recovered her senses and by New Year's day returned home and has remained well ever since. Glucose seemed the most probable factor in this unprecedented recovery and so was given a trial in another acute case which likewise registered rapid improvement. The method was followed up with good results in as many as forty acute cases. The injections have no harmful effects, it was stated. It has, however, brought about only slight improvement in chronic cases. The chronic form of encephalitis is particularly stubborn and to date few ways have been found of combatting it. It will be many years, Dr. Freedman pointed out, before the glucose treatment can be properly evaluated but, he added, any method that gives hope of relief in dealing with this unfortunate disease, is worthy of trial and further research.—Science Service.

ADVERTISING

Somewhat vociferous advocates of professional advertising are occasionally heard in medical societies. One group has recently attempted to raise funds for the purpose of maintaining electric signs which are to tell the public of the effectiveness of our profession. Of course, a little farther down street, one might expect to see even more glorious displays erected by the various cults.

We should hesitate before succumbing to the temptations of those who think it is advisable to "sell the profession" to the public in any such manner. There is often an unexpected reaction to such procedures. We are reminded of the famous line in Hamlet, "The lady doth protest too much." By protesting too strongly, her statements were somewhat discredited. Even so in the business, social and professional world, quiet reserved statements, good manners, and satisfactory performance will gain greater consideration than a garrulous, boastful, protestation of prowess.—From the Bulletin of the Genesee County Medical Society.